The Value of Periodic Health Examinations*

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The desire to escape from sickness and to achieve health is not a new one. No man ever wished to suffer from disease, and history records how mankind has evaded and fought disease as best it knew how.

We are today in a very enviable position as compared with the ancients. We have the knowledge which, if we would use and apply it, could cut in half the amount of sickness that now occurs in our country, thus greatly reducing human suffering, and the needless expense and other undesirable companions of sickness. Our increase in knowledge has made us feel rather superior. We smile with pity upon those who believed in the supernatural cause of disease, in witchcraft, the healing power of the King's touch, the influence of the evil eye, and the relationship between the stars and disease. But are we superior? Could there be any greater ignorance, in the light of present-day knowledge, than that displayed by those who still deny that successful vaccination prevents smallpox, or who, if they do not deny it, fail to practise it, which amounts to the same thing. There are those who quibble also about the value of pasteurization as a means of making milk supplies safe. The present will assuredly seem absurd when it becomes historical.

In seeking an explanation to account for illness and death from preventable diseases and for the lack of health, we find that two of the chief factors are ignorance and laziness.

Health, it must be understood, implies not only freedom from disease, but a one hundred per cent. development of the capacity of the individual. Doctor Donald B. Armstrong has defined health in these words:—"The vigorous, beautiful, smooth-running, efficient operation of mind and body, of the instincts and the will, in a harmony of purpose and accomplishment."

It is rather remarkable that so few attain complete health, when we consider that, beyond question, health is such a desirable possession—desirable, not in the sense that health in itself is an end in life, but rather because, as a condition of life, it makes possible achievements and happiness in work and play that without it are unobtainable. Health is therefore good both for the individual and for the community.

The modern public health movement grew out of a humane desire to lessen the human misery which had resulted from the industrial revolution. It was directed, at first, almost entirely to the improvement of living and working conditions—sanitation as we now call it. There were added later isolation and quarantine, i.e., the control of communicable diseases.

People, in general, will agree as to the need for pure water, for safe milk and pure food, and will even support the principle of quarantine, the latter, however, perhaps, with the mental reservation that it applies to the other man's home and family. In other words, we favour those measures which improve things for us, providing that they call for no personal effort. So it is that those health measures which ask for nothing from the individual, excepting money, for their provision and enforcement, come about and are car-

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ried on successfully. After all, taxes for health work are just as painless as any other taxes.

This sort of community health work does a great deal to protect citizens from disease that is carried by milk, water and food, and it does control, to a considerable extent, the communicable diseases which are spread from one human being to another. It has limitations, however, and it makes very little contribution towards the positive ideal of health, the one hundred per cent. development of the physical and mental capacity.

Individual health depends essentially upon the individual's practice of what we call "personal hygiene." Even in our age of organization, we expect that we must consider our bath, our bed-time, and our open bed-room window as personal responsibilities. Modern inventions have given us conveniences that greatly assist and make reasonably easy the practice of personal hygiene. The opposition that followed the introduction of the first bath-tub on this continent, in Cincinnati in 1842, leads us to believe that bathing was not a very generally accepted practice. One can hardly doubt that since the bath-tub has become a common household fixture, its use has materially increased.

Children may practise hygiene because of parental discipline, or the competitive spirit of the group, as seen in such organizations as the Junior Red Cross.

As adults, we practise personal hygiene chiefly as an established habit carried from childhood, and continued, largely because we have found that it makes us more comfortable. We continue to raise our bed-room window at night, not in the interest of health, but because we have found that we are more comfortable, that we feel better in the morning after having slept in a well-ventilated room. We know that if we do not wash our hands before eating, we are uncomfortable during the meal. This, I believe, is most encouraging. We may expect the majority of people to practise personal hygiene because they will like it, because it will make them feel more comfortable. I do not believe we can ever expect that any considerable number of persons will do things they do not like just for the good of their own health, still less for the good of others. Most of us are as self-centred as the man who, according to the old doggerel, prayed:—

> "God bless me and my wife,
> Our John and his wife,
> Us four and no more. Amen."

There is given to us, in the periodic health examination, an opportunity to secure a larger percentage of health. The periodic health examination by the family physician offers something that is not to be secured in any other way.

There is no lack of general health advice. Such advice is good and is valuable within limitations. Its value is limited because it is general. Of those who read it, or who hear it, many fail to see or understand the personal implication or the need for personal application. While none of us denies the desirability of health, so long as we feel well, so long as we can continue to participate in our favourite pleasures, we are apt to think that such general health advice does not apply to us, but that it is intended for someone else.

It is desirable that everyone be accurately and fully informed concerning this most important subject of health. The value of such information depends upon its practice. One may know all about the human body, the causes of disease, and the maintenance of health, but unless this knowledge is put to work and made part of the daily life of the individual, it will be useless so far as protecting that individual is concerned. To know that fresh air and sunshine are good is only of academic interest to the person shut up in a dark room; it is of practical value

when the window is opened, or when he goes outside. This is a very obvious example, and yet it is one which we see every day. While their number is decreasing, there are still thousands of people in our country who sleep in bed-rooms with windows tightly closed, at least, in winter. There are still many who shut the sun out of their homes rather than fade a carpet, although all of these have doubtless heard of the value of fresh air and sunlight. Most of us are just as foolish with regard to some one or other of the rules of personal hygiene. In most cases, it is because we have not understood or appreciated why these rules must be applied to our individual life. We need to have this pointed out to us, we need to be periodically checked up on it, and that is exactly what the family physician will do in the periodic health examination.

There has been a great reduction in mortality during the past few years, with the result that the average expectancy of life has been markedly increased. But because the reduction in mortality has been chiefly in the younger age group, there has been but little increase in life expectancy for those of forty years of age. This has not happened by chance. It is for the one simple reason that health conditions amongst children have received a great deal of attention in most places, and the reduction in sickness and deaths amongst infants and children has been in proportion to the work done. Look back over the health record of any city, and you will see written in the vital statistics, a remarkable story. After a number of years with the same high infant death-rate comes a period of rapid decline. You seek for the reason and you find two things. First, the establishment of well-baby clinics where mothers are taught the care of their babies, and second, the safeguarding of the milk supply. The extent and rate of the reduction in infant deaths depend upon the extent and thoroughness of these two efforts. This infant hygiene work is a striking example of the use of knowledge. It is available for any community but it must be used if lives are to be saved. Simply to know about it, to talk about it, means nothing in the saving of lives.

The insidious beginnings of disease are not recognized by the sufferer. They are allowed to progress to serious conditions before the need for medical care is evident. It is left to the layman to determine the need for such care. If every person were examined each year, the earliest signs of disease would be detected; it would be possible to recommend the early treatment which always offers the best chance for cure. If not for actual cure, at least the arrest of the progress of the condition. Many mothers understand this, and infants are taken to private physicians and to well-baby clinics when they are apparently well. In schools, the well child is examined. This is, of course, what the adult should do. When well, try to keep well!

Even at the present time, with all the general information that has been disseminated, the percentage of tuberculosis cases who come to their physician with the disease well-advanced is appalling. The cancer case loses his chance of cure because he has waited to decide that he needs medical advice. The heart case, because of delay in securing advice, loses the chance of early care which would permit, in many instances, of his leading a full, if somewhat restricted, life. There is a great deal of truth in the observation that the man who lives longest is the one who, early in life, discovers that he has some abnormality, and so lives a careful, hygienic life. Is it not reasonable to say that during the period when proper treatment offers so much the opportunity for revealing the need for such treatment should not be lost, and is it not

rather absurd to ask the layman to decide upon the need for treatment during the early period of disease, when it is most difficult to diagnose?

The discovery of defects or of early disease is, however, the lesser value of periodic health examinations. Although a large percentage of apparently well individuals will be found with physical defects that require treatment, with early symptoms of disease whose cure or arrest depends upon prompt action, it is the need for advice concerning the maintenance of health that is the more important point. There are very few who do not need personal advice in the matter of diet, exercise, rest and relaxation, elimination, and other phases of personal hygiene. There are few who might not have better health than they now possess. We are all different, and just what one needs, what another neglects, and what still another abuses, are the things that must be discovered and regarding which advice must be given. This type of advice needs behind it the same scientific knowledge and thought as does the prescribing of remedies for the acutely ill.

The family physician, because of his knowledge of economic, social, and home conditions, and because confidence is reposed in him, is the best qualified for this service.

Amongst limited groups of adults, the need for, and the results of, periodic examinations have been proved. Life insurance companies have found it good business to pay for such examinations for their policy-holders. The opportunity is open to all to safeguard their lives, to attain greater efficiency, by securing for themselves a periodic health examination.

Make periodic health examinations an axiom of your lives!

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The Hospitals of the Montreal Hospital Council

The Montreal Hospital Council is an association of the superintendents of the hospitals of the city of Montreal. The following information relative to these hospitals may prove of some interest to nurses who are planning to attend the Congress of the International Council of Nurses, in Montreal, July 8-13, 1929.

THE MONTREAL GENERAL HOSPITAL

One hundred and ten years ago a voyage across the ocean was totally unlike what it is today. Instead of modern comfort the pioneers endured a long and tedious journey on sailing vessels, living in dingy quarters and under the obligation of providing their own food and bedding. Sickness was not uncommon and ship fever and other debilitating diseases often compelled the settler to seek aid upon landing in the country of his adoption.

To give this assistance, the Ladies' Benevolent Society opened, in the year 1818, a house on Craig Street, two blocks east of St. Lawrence Main Street, where they could offer food, shelter and medical aid to any needy new-comers. They went a step further, thanks to the Governor-General of that time, and obtained through his assistance, some discarded army beds and bedding, with which they established a small hospital of twenty-four beds, the nucleus of the Montreal General Hospital.

In 1821 the present site was purchased and the hospital capacity increased to seventy-two beds.

In 1824 the Montreal Medical Institute was inaugurated in connection with the hospital. This was the first medical school in Canada, and the hospital is in the proud position of being the first hospital in Canada to admit medical students to the wards for clinical teaching. In 1928 the doctors of the hospital in attendance at the Medical Institute established what is now known as the Medical School of McGill University.

The consistently steady growth of Montreal made an increasing demand on the hospital's capacity, but the hospital authorities always rose to the occasion, and in 1832, the Richardson Wing was erected in honour of the Honourable John Richardson. This increased the hospital capacity to 100 beds. In this wing was the old original "Ward Eleven" so frequently noticed in Osler's "Medicine." In 1848 the Reid Wing was added in honour of Chief Justice Reid, bringing the total bed capacity to one hundred and thirty. In 1867 a Contagious Diseases building, with a capacity of forty beds, for the treatment of small-pox, was erected. In 1874 the Moreland Wing was added in memory of Thomas Moreland.

The year 1877 is a memorable one in the annals of Canadian surgery. During this year the Lister method of antiseptic surgery was introduced by the late Sir Thomas Roddick. In 1883, marking another advance in hospital service, the Montreal General Hospital instituted the first ambulance service to be run in connection with a hospital in Canada.

The year 1890 saw the establishment of the Training School for Nurses, which, after being opened by the Governor-General and Lady Stanley, was placed under the direction of Miss Nora Livingston. In 1892 the surgical pavilion, composed of the Campbell Wing, the Greenshield Wing and the operating suite, were added to the hospital.

In 1897 the corner-stone of a nurses' residence—known as the Jubilee Nursing Home—was laid by Lord Lister in the presence of a brilliant and distinguished assembly gathered in honour of this world-renowned scientist.

MONTREAL GENERAL HOSPITAL, MONTREAL

In 1909 the present pathological building was added, and in the same year the first Dental Clinic to be established in a general hospital became part of the institution, with six dental chairs. This department has shown steady progress, possessing fifty dental chairs with a separate wing of its own, and is now the dental clinic of the Dental Faculty of McGill University.

In 1911 the corner-stone of that imposing structure known as the new building was laid. His Excellency the Governor-General, Earl Grey, graciously officiated at this

notable function. The same year saw the establishment of the Social Service Department. In 1924, thanks to the generosity of several members of the Board of Management, a biochemical laboratory was opened at a cost of $27,000.

In 1926 there was opened the splendid building of the new school and residence for nurses, with every accommodation for 210 nurses. The second floor is devoted solely to teaching purposes and contains class rooms, laboratories, demonstration rooms, etc.

And last, but not least, in the history of this old institution, there has been consummated recently, after a careful study of the hospital situation in the city, an agreement for five years, whereby the destinies of the Montreal General Hospital, now amalgamated with the Western Hospital and the Royal Victoria Hospital (now amalgamated with the Montreal Maternity Hospital) will be guided by a joint commission, composed of five members of the Board of Management of the Montreal General Hospital, five members of the Board of Management of the Royal Victoria Hospital, and one representative from McGill University. While each hospital will retain its own autonomy, this commission will have power to decide on the erection of new buildings, raising of campaign funds and their distribution and correlation for teaching purposes, of medical appointments of the individual hospitals in connection with McGill University.

The kindly members and friends of the Ladies' Benevolent Society builded better than they knew when they gave a beginning to the magnificent institution known far and wide as the Montreal General Hospital. With its long and incomparable record of surgical, medical and dental efficiency, the Montreal General Hospital holds an enviable position among the hospitals on the American Continent, and is today, as ever, in the forefront of the advance of medical science.

HOTEL DIEU OF MONTREAL

The Hotel Dieu is a general hospital under Catholic auspices where patients of all classes are admitted without distinction of race or creed. Its history is a lengthy one and hence is closely associated with that of Ville-Marie, now known as the city of Montreal. Jeanne Mance, the foundress, was a member of that expedition which, under the guidance of M. de Maisonneuve, left La Rochelle (France) in the June of 1641 to establish a colony on the island of Montreal, landing there on May 17, 1642.

Eager to dedicate herself to a work towards which she had sacrified her all with the highest courage born only of God, Jeanne Mance set up in her own home a hospital destined to receive and care for wounded soldiers, sick colonists and Indians. In the year 1644 she transferred it to a simple wooden structure measuring about 60 feet by 24. This, properly speaking, was the first Hotel Dieu, and so it stood for fifty years, ministering with a kindly hand to the suffering ones who sought refuge at its humble threshold. At that time the population of Ville-Marie numbered only seventy settlers. To these Jeanne Mance devoted herself unstintingly, dreaming but of the future of her noble work for suffering humanity. The God of Charity did not forget. He granted to her the great joy of seeing those dreams become a big reality. In the summer of 1659 she brought from France three Nursing Nuns: Sister Judith Moreau de Bresoles, Sister Catherine Macé, and Sister Marie Maillet, canonically known as the Hospital Nuns of St. Joseph. These devoted missionaries, braving all obstacles and afire with sacrifice for Christ's afflicted ones, came from La Flèche in Anjou, where, some twenty-three years before, their Order had been founded by M. Jérôme La Royer de la Dauversière and Mother Marie de la Ferre. From the moment of their arrival in Ville-Marie, one

may follow, and not without an emotion intermingled with admiration, a parallel development of progress and charity.

Until the year of her death, 1673, Jeanne Mance governed the hospital with a devotion, a vigilance and a zeal conspicuous only in those who are being sacrificed on the altar of Charity. Since 1675 the institution has been under the direct supervision of the nuns. Thrice destroyed by fire, thrice the Hotel Dieu arose from its ashes and continued to be the only institution of its kind in Montreal until the opening of the General Hospital there in 1821. Transferred in the year 1861 from St. Paul Street to the north slope of Mount Royal, where it is at present located, the Hotel Dieu does not cease to give evidence of a noted development materially and scientifically.

The year 1901 saw the opening of the Nurses' School, which has in attendance today approximately one hundred pupils. The successive addition of its many wings, the organization of new laboratories and other medical departments, together with the perfecting of those already in existence, made it possible to keep abreast with the onrushing progress in modern science. The introduction of the most modern methods added to the tender care inspired by the charity of Christ made this institution a hospital, classed as "A," and justly so, by the American College of Surgeons. At present the Hotel Dieu has 300 beds, and statistics for 1927 show that 4,555 patients were treated and cared for during the course of that year.

It would be an omission inexcusable to omit in passing the calibre and acumen of its medical staff. Its doctors are men of lengthy experience and tried skill. They are chosen largely from the Faculty of Medicine of the University of Montreal, and this in itself is no mean asset to the efficiency of the institution.

HOTEL DIEU, MONTREAL

The Hospital Nuns of St. Joseph are strictly a nursing Order and have twenty-four such institutions, nine of which are in France. In Canada there are: Montreal (Hotel Dieu and St. Mary's Memorial), Kingston, Tracadie, Chatham, Madawaska, Athabaska, Windsor, Campbellton and Cornwall.

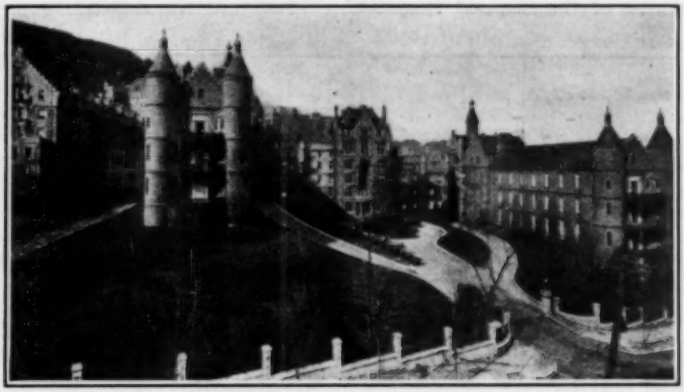
The tiny acorn planted on Canadian soil three centuries ago by the saintly Jeanne Mance, and nurtured during that period by the tears of struggles, hardships and trials, has become a mighty oak under whose kindly branches the sick and the wearied of the masses may find care and rest. Verily, "Kindness has begotten kindness," and "Bread cast upon the waters" has come back, for God has thrice blessed the work!

THE ROYAL VICTORIA HOSPITAL

The Royal Victoria Hospital, Pine Avenue, Montreal, owes its existence to the generosity and public spirit of two great men, Lord Mount Stephen and Lord Strathcona, who, in 1887, dedicated the original endowment of one million dollars to the commemoration of the Jubilee of Her Majesty Queen Victoria. The choice of a site fell on the present ideal location far above the city on the mountain side, overlooking the valley of the St. Lawrence. Building was begun in 1889, and the first patients admitted in 1894, the hospital then accommodating 146 patients.

Since that time the hospital has shown tremendous progress, now having attained a capacity of 700 beds, exclusive of children's beds. A Nurses' Home was erected in 1907, the old quarters being required for patients' use and laboratories. Already this residence has been outgrown and temporary adjuncts are employed. A new wing was constructed on University Street in 1922 to meet the growing demands of the dispensary service. Here 67,702 patients were treated last year. In memory of his parents Mr. J. K. L. Ross erected the Ross Pavilion in 1916. This is a complete unit of six floors, accommodating 120 private patients. In 1926 the Women's Clinic, which incorporated the old Montreal Maternity Hospital, began to function, with a capacity of 212 beds. This department, complete in itself, typifies all that is efficient in modern hospital construction and equipment.

The training school, of which Miss M. F. Hersey (President, Canadian Nurses Association) is superintendent, has been in existence since 1894. It offers a three-year course of training and has to its credit a thousand graduates. There are at present 224 pupil nurses and a staff of 67 graduates, of whom four are full-time instructors. Affiliation is offered to many smaller schools whose services are not adequate to meet the present requirements of nursing education.



ROYAL VICTORIA HOSPITAL, MONTREAL

Not only is the Royal Victoria Hospital designed to meet the needs of the sick and afford training for nurses, but it carries on an extensive programme of research in all branches of bio-chemistry, pathology, and bacteriology. It is connected with the McGill Pathological Department by tunnel and is closely associated with its work.

The past expansion seems a good criterion of future developments, and it is expected that both hospital and training school will continue in their splendid service to the public and will add still more to an illustrious record.

HÔPITAL NOTRE DAME, MONTREAL

In the ancestral home of the Seigniors of Varennes, a pretty village on the St. Lawrence River, was born on October 15, 1701, a child on whom God had special designs and who received at baptism the name of Marie Marguerite. When only seven years old her father died, leaving his widow and six children destitute. By successive trials and sufferings God was moulding the soul of Marie Marguerite for the sublime mission to which He destined her. Left a widow at the age of 28, after only eight years of married life, she struggled painfully to care for her two sons, who eventually became priests.

This duty fulfilled, Madame d'Youville gave herself with all her possessions to the service of the poor and destitute.

The heart of the foundress was open to all unfortunates who appealed to her: the aged, the orphan, and abandoned children, the infirm, the insane, incurables, cancer patients, epileptics, and even prisoners of war found shelter under her roof.

Thus began, in 1737, the Institute of the Grey Nuns in Montreal.

From this mustard seed has sprung an immense tree spreading its branches all over Canada and the United States, where her daughters, following in her footsteps, extend their charity to all classes, rich and poor, irrespective of creed or nationality.

At present the daughters of Madame d'Youville minister to thousands of sufferers in twenty-one hospitals, where eight hundred pupil nurses are following a three years' course in their various training schools.

Just outside the city of Montreal stands a magnificent building called the "Creche," entirely up-to-date and equipped with all modern appliances. It shelters over seven hundred helpless and homeless little ones, under six years of age, who, in most cases, are abandoned by the authors of their existence. Here they find a home where the flickering spark of life is tended with the utmost charity and devotion.

These little ones are placed in foster homes and legally adopted by the parents in as many cases as possible.

Hôpital Notre Dame, Montreal

ST. MARY'S HOSPITAL

St. Mary's Hospital, an English-speaking Catholic institution situated in the heart of the residential district of Montreal and occupying one of the most desirable sites on Dorchester Street West, adjoining the historical and picturesque estate of Lord Strathcona, was formally opened to the public on May 16th, 1924.

While the hospital is essentially an English-speaking one, its doors are open to all, irrespective of race or creed, and incidentally opens up a new field for the medical profession, especially the younger Catholic doctors.

The establishment of St. Mary's Hospital was simultaneous with the foundation of the first English Community of Nursing Sisters, the Religious Hospitallers of St. Joseph, by whom it is operated, in conjunction with a board of directors, duly authorized by provincial charter, having also the approbation and sanction of the highest ecclesiastical authority. Many historical events and incidents form the background of this foundation, which will make most interesting history when compiled; its association with the work accomplished by Jeanne Mance, that noble and illustrious pioneer and colleague of the first Governor of the Colony, whose privilege it was to found the first hospital in 1642, and live in history as the first lay nurse in British North America.

HOMEOPATHIC HOSPITAL

The Homeopathic Hospital of Montreal was organized in 1894 when a brick building was purchased and converted into an attractive small hospital. The hospital was formally opened by the Lord Bishop of Montreal, in the presence of a large number of prominent citizens. In 1899 a Maternity Annex and Nurses' Home was built, largely through the generosity of the late Miss Annie Moodie.

In 1923 a site was purchased for a new hospital on Marlowe Avenue, Notre Dame de Grace Ward. In 1925 a campaign for building funds was undertaken, and over $300,000 promised. In 1927 the present building was erected. It is fireproof, handsome in detail, compact, with every foot of space put to good use. The building is five stories, with ground basement and sub-basement. Laundry, kitchen and dining-rooms are in the basement. The first floor is taken up with administration offices, x-ray department, class-rooms, doctors' library, laboratory, out-patient department.

At present the nurses are occupying the second floor. The third floor is entirely for maternity patients, and has its case room, with a separate sterilizing outfit. The fourth floor has private and semi-private rooms. On the fifth floor there are two very complete operating rooms, with accommodation for private and public patients.

Each floor has a diet kitchen, blanket warmers, utility rooms and every accessory that goes to add to the comfort and welfare of the patients. Each floor has a fine solarium, heated and properly equipped. The total capacity is 135 beds. A new nurses' home is contemplated. The hospital was officially opened on December 19th, 1927.

The Phillips Training School for Nurses in connection with the Homeopathic Hospital was established and open to students the same year as the opening of the hospital, and was given the name of its benefactress. Two nurses graduated in the class of 1896, and since then the school has steadily grown till the graduates now number one hundred and forty-four.

At present there are thirty students and fifteen probationers in the school. The school for nurses is fully registered and provides a very complete training in all branches of nursing.

CHILDREN'S MEMORIAL HOSPITAL

The Children's Memorial Hospital was founded in 1902 to perpetuate the memory of Queen Victoria. The Committee of Organization found temporary quarters in a residence on Guy Street. Five years later a new building was erected on Cedar Avenue, the present site of the hospi-

tal, and it has become a general hospital for children, having a capacity of one hundred and forty beds, with a daily average of one hundred and ten patients.

A special feature of the hospital is the pavilion system. On the spacious galleries of these pavilions the little patients get their full share of sunlight.

The children receive each day, bedside tuition in the "three R's" from a visiting teacher. Upon discharge, orthopaedic patients continue their studies at the School for Crippled Children, a development of this bedside teaching.

The hospital is associated with McGill University as one of the teaching schools, its specialties being paediatrics and orthopaedics.

There is a well-equipped dispensary where clinics cover every department of medicine and surgery, and the Social Service Department has proved most useful in the following up of the patients.

The School for Nurses was established in 1905. The affiliations for its students extend over a period of nine months, being with the Montreal General Hospital, the Royal Victoria Montreal Maternity Hospital, and the Alexandra Hospital, and the graduates are fully eligible for membership in the provincial association and in the C.N.A. Affiliation is also given to students of other schools, and postgraduate courses offered in paediatrics and orthopaedics. Miss Annie S. Kinder is superintendent of the School for Nurses.

MONTREAL ALEXANDRA HOSPITAL

The Montreal Alexandra Hospital for Infectious Diseases was built and opened for the reception of patients in 1906. The necessary funds were provided by means of private subscriptions and a grant from the city of Montreal. The hospital was designed to care for the English-speaking citizens of Montreal, suffering from infectious diseases; another institution, the St. Paul's Hospital, being built simultaneously to care for the French-speaking population.

The hospital has always been managed by a board of governors appointed by the English hospitals of Montreal and under the supervision of the Civic Health Department. It was built originally to accommodate 120 patients, but later additions have raised the capacity to 150, which, owing to the rapid increase of the population of the city, has been over-taxed for the past few years, especially during the winter months.

The nursing at first was done by volunteers from general hospital training schools; later a training school was established, giving a one-year course in infectious diseases. In 1918, owing to the increased demand for special training in infectious diseases, the training school was abandoned, and affiliations were made with several hospitals in the city, and later with others outside throughout Canada, until at present the hospital is staffed by twelve graduates in charge of wards and instruction, and about thirty-three pupils from ten different affiliated hospitals coming for two months' course of training in infectious disease.

There is an average of 1,500 patients a year admitted to the hospital, which has been entirely renovated in the past ten years, a modern cubicle system having been installed throughout with special facilities for aseptic nursing and training of nurses and students.

The treatment of patients and medical arrangements are controlled by a board of doctors, appointed by the general hospitals of the city. Internes are from staffs of the other hospitals, coming to the Alexandra Hospital for three months' service in infectious disease work.

CATHERINE BOOTH MOTHERS' HOSPITAL

The Catherine Booth Mothers' Hospital derives its name from the late founder's wife. During the three and a half years that have elapsed since opening the same, 1,500 adult patients and 1,400 babies have received care. This indicates something of the success which has been attained. As the demands are greater than can be fulfilled, it is hoped that an extension of the work will be possible.

It was thought that the hospital was too far from the central part of the city, but instead of difficulty in filling the beds it has been necessary to refuse cases where bookings for confinement have not been made two or three months ahead.

At present the hospital has a capacity of fifty beds, and service is rendered to private, semi-private and public patients. The supreme governing body is the Salvation Army of Toronto. Already one class of nurses has graduated, and it is hoped that five more nurses will receive diplomas in December. (1928—Ed.)

Other hospitals belonging to the Montreal Hospital Council are:

Hôpital Francais, Hôpital de la Miséricorde, Hôpital du Sacre-Coeur, Hôpital Saint-Jean-de-Dieu, Hôpital Ste. Justine, Montreal Children's Hospital, Montreal Foundling and Baby Hospital, Shriners' Hospital for Crippled Children, The Women's General Hospital, and Verdun Portestant Hospital.

Other Biographies

In the May issue there were published short biographical sketches of a number of members of the Grand Council, International Council of Nurses, 1929. Since then we have been fortunate in receiving notes on representatives from several other countries.

BELGIUM

Mlle. Jeanne Hellemans, is director of St. Elisabeth School of Nursing, Malines, Belgium. She has been for a number of years the president of the National Federation of Belgian Nurses, and is equally popular among French and Flemish-speaking nurses. She is very interested in international work, and has attended all the meetings of the International Council of Nurses since Belgium was affiliated as a member in 1922.

FRANCE

Mademoiselle Chaptal, president of the National Association of Trained Nurses of France, will be one of the most outstanding among nurses attending the Congress.

From early girlhood she has been deeply interested and active in social work. Following her training as a nurse she became the prime mover in establishing the first tuberculosis dispensary in the district of Plaisance, in Paris, in 1900. In the same district she shortly afterward started a well baby clinic, with pre-natal care emphasized from the very outset. Three years later she rented a tenement house in the district, had it properly repaired, gas and water laid on, and let the small apartments to working class families with at least three children. This experiment was so successful that ten years later a number of houses had been bought and remodelled for occupation by similar families. In the same district, Mademoiselle Chaptal established a co-operative shop. Previously it had been practically impossible to purchase groceries or household supplies in the neighbourhood without also buying spirits of some kind. The co-operative shop was established with the deliberate intention of combating this evil.

While active as a social worker, Mademoiselle Chaptal continued her interest in nursing, and in 1905 she aided Madame Taine in establishing one of the first schools for nurses in France.

In 1909 Mademoiselle Chaptal built a hospital with eighty-six beds in Plaisance, the aim being to provide hospital accommodation for middle class people. This scheme was received with great interest by a number of important firms which were anxious to help their employees.

Mademoiselle Chaptal's activities during the war were tremendous and varied, and since then she has acted as the only woman member on a committee which reported on free medical assistance, resulting in hospitals under the control of the "Assistance Publique" being made available to middle class patients.

In 1921, she made a report on nursing and then was asked to assist in the drafting of a Nursing Decree for France, the Act being passed in June, 1922, and Mademoiselle

Chaptal appointed first vice-president of the Conseil de Perfectionnement des Ecoles d' Infirmieres au Ministere de L'Hygeine.

Only six schools of nursing were then recognized by the government, but as a result of a few years extensive travelling by Mademoiselle Chaptal, and the efforts of others, the number of accredited schools has increased to fifty-three.

In April, 1923, Mademoiselle Chaptal assisted in starting the French nursing magazine, and shortly afterward was the prime mover in the establishing of the National Association of Trained Nurses of France, which now has a membership of 1,100 members.

Mademoiselle Chaptal is a Chevalier de la Legion d'Honneur of France, and has received many marks of honour, the greatest of all being, perhaps, the work confided to her by her Government. Since the war she has been chairman of the "Commission de l'-Enfance a l'Office public d'Hygiene sociale du Department de la Seine," and a member of the "Commission permanente de la Tuberculose au Ministere de l'Hygiene." In 1926, she was appointed substitute member for France on the "Advisory Commission for the Protection and Welfare of Children and Young People," of the League of Nations, and served in that capacity at its meetings in Geneva in 1927 and 1928.

In September, 1928, she was appointed commissioner of the international inquiry into the problem of children living in bad environment which is being made under the direction of the above Commission of the League. (Abridged from The I.C.N., October, 1928.)

Mere Catherine d'Ornellas, vice-president of the National Association of Trained Nurses of France; assistant general superintendent of the Order of St. Joseph de Cluny; state diploma registered nurse, decorated with the Legion of Honour. Has for twenty-three years been superintendent of the nursing service of the Hopital Pasteur (attached to the Pasteur Institute). This hospital for contagious diseases, although not very large, takes care of the interesting cases—including tropical diseases—used for research work at the Pasteur Institute.

Mlle. M. Greiner, assistant secretary of the National Association of Trained Nurses of France; was trained in the Rue Amyot School of Nursing in Paris; after having done war work for several years, she was appointed director, School for Child Welfare Nurses of the Medical School, University of Paris, when this institution was established in 1921, which position she still holds. Mlle. Greiner is one of the thirteen nurse members of the Council on Nursing Education under the Ministry of Hygiene.

Mlle. Antoinette Hervey, was trained at the Florence Nightingale School, Bordeaux, and has for a number of years held the position of director of the Visiting Nurses of the Department de la Seine-Inferieure, Rouen, one of the most progressive departments in regard to public health. Mlle. Hervey is the French Member of the Public Health Committee of the International Council of Nurses.

Mlle. Jeanne de Joannis, secretary general of the National Association of Trained Nurses of France, director of the Rue Amyot School of Nursing (L'ecole Professionnelle d'Assistance aux Malades), technical adviser to the Central Nursing Bureau of the Ministry of Hygiene, and member of the Council on Nursing Education under the Ministry of Hygiene. Mlle. Joannis has an excellent professional education, having, besides taken her training in Paris in the Rue Amyot School and different other courses in France, studied in England, Germany and Switzerland. For her very prominent work in the Balkan States during the war she received a number of meritorious decorations from various countries. She is considered to be one of the greatest experts on nursing education in France, and is also very interested in private duty nursing, having started different undertakings in this sphere. She is the French member of the Private Duty Nursing Committee of the International Council of Nurses.

NORWAY

Sister Bergljot Larsson, founder and president of the Norwegian Association of Trained Nurses, took her training as a nurse at the Municipal Hospital, Oslo, then became nurse in charge of the children's wards at the same hospital. She founded the association of the Municipal Nurses, Oslo, took special training in fever-nursing at City Hospital, Edinburgh, worked as a nurse for one year at the Royal Infirmary, Edinburgh, to gain further experience in general nursing, and to study training and administration of schools of nursing. She has had experience as a private duty nurse in Oslo, and founded the Norwegian Association of Trained Nurses in September, 1912, and was asked to be the president, and also to take care of the administration of the different departments. Sister Bergljot Larsson is also the editor of "Sykepleien," the nursing journal, and leader of the post graduate courses for administrators and teachers at hospitals and schools of nurses, for public health, social and nutritional workers and dietitians.

Sister Bergljot Larsson is known as a lecturer and writer on different subjects. She has studied nursing methods and technique, schools of nurses, public health and social work, nursing organization, hospital building, technique and administration, etc., in several countries, and has attended International, Northern and National Congresses for nursing and public health.

She is the first vice-president of the Co-operation of the Nurses in the North, member of the central boards of the following associations: The Medical Association in Norway, of the Norwegian Association for Promoting Hygiene and Public Bathing, of the Children's Welfare Work, and of the Unpolitical Association of Women Voters. She is also a member of several committees

concerning nursing education, registration, housing conditions and building.

Sister Bergljot Larsson is an honorary member of the Association of Municipal Nurses in Oslo, The Swedish Nurses Association of 1910, and Nurses Association of Finland. In 1919 she received The King's Medal for Merit.

This year she is attending the International Hospital Congress at Atlantic City as the official delegate from Norway, and the International Congress of Nurses at Montreal, as the president of the Norwegian Association of Trained Nurses and the member of the committees of nursing education and of membership.

Sister Gunhild Marie Guttormsen graduated from Oslo Municipal Hospital in 1905, and has since then been associated with the same hospital. From 1915, she has been superintendent of the Out-Patient and Receiving Department.

Sister Maren Horn, nurse in charge of the operating theatre at the nursing home of the Drs. Jervell and Huitfeldt, first prepared herself as a teacher in athletics. In 1914, she took up nursing and graduated from the Red Cross School of Nurses, Oslo. Since that, she has been attached to the same school except for a short time as private duty nurse, and as nurse in charge at one of the places for the interned German soldiers in Norway during the war.

Sister Harriet Platou, is a graduate of the Red Cross School in Oslo, 1911. For some years she did private duty nursing in Oslo. In 1913-1914 she was a member of the nursing staff of the Modum Bath Establishment. After a visit to the United States of America, where she studied nursing, Sister Harriet Platou, since 1917, has held a position at Mrs. Frolich's Children's Nursing Home, Oslo. At present she is on leave of absence, which she is spending in Canada.

Sister Andrea Arntzen, matron of the largest hospital in Northern Europe—Ullevaal Hospital, Oslo, containing about 2,000 beds. She is intensely interested in nursing education, and has done much to improve the training of nurses in Norway. She is a member of several committees of the Norwegian Nurses Association.

SCOTLAND

Mrs. Rebecca Strong, former matron of Glasgow Royal Infirmary, was the first to start a preparatory course in connection with a school of nursing (1893), she is still, although now in her late eighties, taking a very active part in professional life, and is among her other duties president of the Scottish Nurses Association (founded in 1909).

Congenital Atelectasis

A patient, after being in labour three days, gave birth to a baby boy weighing 6 pounds 8 ounces. High forceps had to be applied, and the baby resuscitated by the usual methods. Oxygen inhalations were given for half an hour without result. An x-ray of the baby's chest was taken. Both lungs were found to be clear, but not well aerated. The baby's condition was diagnosed "congenital atelectasis with a very poor prognosis." The following treatment was started.

First 24 hours: (1) The baby's head was kept very low and external heat applied constantly. Atropine sulphate gr. 1/1500 was given hypodermically for respiratory failure and oxygen given by inhalation constantly. (2) 5% glucose in normal saline ounces one per rectum q.3.h. and position changed frequently.

On the third day the respiration became less laboured and gavages were started, 5% glucose with one ounce of saline and three drops of whiskey were given q.4.h. One ounce of saline rectally with three drops of whiskey were given q.3.h.

On the sixth day the baby started to cry for the first time. On the eighth day oxygen was discontinued and the following prescription given: Brandy, 4%; glucose 7½%; aqua ad. drams ten q.6.h.; alternating with: Protein milk powder, 2 tsp.; dextra maltose, 1 tsp.; distilled water drams ten q.6.h. This treatment was carried out by gavage.

On the thirteenth day the baby was given breast milk (ounces two, q.3.h. times 7 daily) by gavage.

On the sixteenth day the baby was put to the breast. It took one ounce, and was then given the other ounce by medicine dropper.

On the twentieth day the baby was nursing every three hours and doing very well. The birth weight was six pounds eight ounces. The lowest weight recorded was four pounds one ounce. Weight on discharge was seven pounds nine and a quarter ounces.

The baby is doing splendidly at home and is entirely breast fed.

(We are indebted to the School of Nursing, Ottawa General Hospital, for the foregoing interesting report.—Editor.)

Report of the Poliomyelitis Epidemic in Manitoba, 1928

A report on the poliomyelitis epidemic in Manitoba in 1928, has recently been published at the request of the Minister of Health and Public Welfare by the Great West Life Assurance Company of Winnipeg. The report made by the Medical Research Committee of the University of Manitoba is drawn up under the following divisions:

1. The organization of the work concerned with the preparation and distribution of convalescent serum and the investigation of its action during the Manitoba epidemic of poliomyelitis, 1928.
2. The distribution of cases in the Manitoba epidemic of poliomyelitis, July-October, 1928.
3. The preparation of convalescent serum for the poliomyelitis epidemic in Winnipeg, 1928.
4. The results of convalescent serum therapy in acute poliomyelitis in the Manitoba epidemic, 1928.
5. Summary of symptomatology and laboratory findings in acute poliomyelitis in the Manitoba epidemic, 1928.

There is also a brief appendix on the pathology of the epidemic.

The foreward to the report states in part:

"The reports show that during a period of four and one-half months, from July 1st to November 15th, there were 435 cases of infantile paralysis in the province. Of these 302 were in Winnipeg or its suburbs. The deaths numbered 37, being about 8½ per cent. of those who contracted the disease. The reports do not show how many there were out of the total 435 cases who entirely recovered or how many were left with residual paralysis.

"However, one of the reports does show a complete analysis of the results in 161 definite cases which were specially observed. Of these cases, 17 died, 54 were residually paralysed and 90 made complete recovery. Serum was administered to 74 of these patients in the preparalytic stage and of these none died while only five showed residual paralysis. Where serum was not administered until after onset of paralysis, the ratios of death and residual paralysis were very high. The hope is expressed that of those showing some residual paralysis a number will fully recover in the near future.

"Unfortunately very little can be inferred from the reports as to the mode of transmission of the disease, whether by way of food, air or otherwise, but that the disease is transmitted from one individual to another by some medium or media is reasonably clear and it also seems safe to infer that the onset of the disease occurs from five to seven days after the patient has been exposed to contagion. A number of cases are reported where two members of the same family developed symptoms within a day or two of each other. In such cases it is probable that the patients did not contract the disease from one another, but from some source to which there had been a common exposure some days earlier.

"Until some further facts are known about infantile paralysis, until the contagion is better understood and the germ is isolated, the disease will continue to be a dreaded one. The comparative helplessness of parents to protect their children from exposure induces a period of great anxiety when the disease becomes epidemic in the community. However, the splendid results obtained from the use of serum, if administered in time, are most hopeful and reassuring. But with respect to infantile paralysis, as with all other diseases, the main thing is that there should be no neglect of early symptoms. If treatment is undertaken in time by a qualified physician a cure is very likely to ensue. The only safe rule for parents to follow, when an epidemic of any kind is prevalent, is to call in a physician as soon as any untoward symptoms are observed."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

Training School Records in the Smaller Hospitals

By C. E. GUILLOD, Superintendent, Maple Creek General Hospital, Maple Creek, Saskatchewan.

On account of the necessity of having training school records in the smaller schools that will entail the least expenditure of time, and at the same time give an accurate and comprehensive analysis of the student's practical and theoretical work, the following student's history card has been planned for use in the smaller training schools in Saskatchewan, three of which have adopted it.

The card has been designed so that the average number of patients nursed per day may be arrived at, and the services shown in training schools having affiliations. Also so that easy reference may be made to the student's time on duty and to her health record.

It requires to be supplemented, of course, by forms showing detailed account of practical work, and showing monthly progress of the student in development of nursing qualities, and of her standing from an ethical point of view.

This record is only intended to show a complete summary of the student's record, practical work, theory and character, so that at the end of graduation her status and that of her training school may be judged.

STUDENT'S HISTORY RECORD

Name		Date of Birth
Address		Nationality
Name of Nearest Relative		Religion
Address of Nearest Relative		Previous Occupation
Preliminary Education		
Physical Examinations		
Physician	Address	Date
Entered		E—90 to 100%; V.G.—80 to 90%;
Graduated		G—70 to 80%; F—60 to 70%;
Resigned or Dismissed		P—Below 60%.

QUALIFICATIONS:

Thoroughness	Conscientious	Punctuality
Adaptability	Interest	Quietness
Observance of Rules	Reliability	Demeanour
Executive Ability	Manner	Quickness
Attitude to Patient	Memory	Observation
Neatness (Personal)	Technique	Judgment
Neatness (Work)	Iniative	Accurate
Co-operative	Resourceful	Courteous
Deportment on Duty	Poise	Dignity
Deportment off Duty	Tact	Loyalty
Strong or Weak Points in Character		
Strong or Weak Points in Work		

STANDING IN PRACTICAL WORK	SPECIAL TRAINING	STANDING IN THEORY
Preliminary Term		Preliminary Term
First Year		First Year
Second Year		Second Year
Third Year		Third Year

REMARKS:

Employment After Graduation

SUBJECTS	INSTRUCTOR	NO. CLASSES AND LECTURES				Standing in Examinations
		Prelim.	1st Year	2nd Year	3rd Year	
Elem'try Nursing & Hous. Econ.						
Hygiene and Sanitation						
Chemistry						
Bacteriology						
Theurapeutics and Solutions						
Ethics						
Charting						
Theory of Practical Nursing						
Biology and Embryology						
Anatomy and Physiology						
Materia Medica						
Dietetics						
Massage						
Bandaging and First Aid						
Psychology						
Oral Prophylaxis						
Diet in Disease						
History of Nursing						
Medical Disease						
Pathology and Urinalysis						
Surgery						
Obstetrics						
Gynecology						
Pediatrics						
Orthopedics						
Eye, Ear, Nose and Throat						
Skin Diseases						
Venereal Diseases						
Nervous and Mental Disorders						
Tuberculosis						
Communicable Diseases						
Field of Modern Nursing						

INOCULATIONS, VACCINATIONS, TREATMENTS

Date	Treatment	Result	Signature

DEPARTMENTS	Hospital	Ratio of Patients Per Day	TIME IN DAYS			TOTAL SERVICES	
			1st Year	2nd Year	3rd Year	Patients' Days	Average No. Days in Each Dept.
General: Medical							
Surgical							
Obstetrical Nursing							
Nursery							
Children							
Infectious							
Total							
Operating Room							
Obstetrical Room							
Laboratory							
Dispensary							
Diet Kitchen							
Medical							
Surgical							
Gynecological							
Orthopedic							
Eye, Ear, Nose and Throat							
Out-Patients and Social Service							
Children							
Communicable Diseases							
Tuberculosis							
Occupational Therapy							
Psychopathic							
Total							

Total for 3 Years

RECORD OF TIME OFF DUTY

Vacation—1st Year Date
2nd Year Date
3rd Year Date

Illness—Date Diagnosis No. Days

Absent Cause No. Days

Time made up—Total Number of Days

MONTH 19----	Department	SUMMARY OF REPORT OF PRACTICAL WORK First Year
19----		Second Year
19----		Third Year

AFFILIATING STUDENT'S RECORD

Name
Address
Name of Nearest Relative
Address of Nearest Relative
Preliminary Education
Physical Examination

Date of Birth
Nationality
Religion
Previous Occupation

Entered Training

Record of Standing	Practical Work	Theory
1st Year		
2nd Year		
Executive Ability		
General Proficiency		
Deportment		

INOCULATIONS, VACCINATIONS, TREATMENTS

Date	Treatment	Result	Signature

AFFILIATIONS:

Hospital	Time	Services	Date

Special Lectures 3rd Year:

McGill University School for Graduate Nurses Announcements

The School for Graduate Nurses, McGill University, makes the following important announcements of the appointment of additional members to their teaching staff. The unusual qualifications and excellent preparation of each new member for her particular field makes it possible to broaden the scope of the curriculum offered and insures sound instruction and thorough preparation of all students attending the School.

FOR THE PREPARATION OF TEACHERS FOR SCHOOLS OF NURSING.—Emphasis will be placed upon three important aspects or branches: first, health education; second, formal classroom instruction; and third, clinical instruction. Miss Harmer will be ably assisted by Miss Marion Lindeburgh and Miss Eileen Flanagan, both newly appointed to the staff on a part-time basis, and also by the supervisors and instructors in the affiliated hospitals.

MISS MARION LINDEBURGH is a Canadian, who, before entering the profession of nursing, had eight years' experience in teaching. She graduated from the St. Luke's Hospital School of Nursing, New York, in 1916. Miss Lindeburgh's work as a student in nursing, both in theory and practice, was outstanding, and clearly indicated her fitness for positions of responsibility and leadership. Upon graduation she was appointed on the office staff as teacher and supervisor, in which capacities she fully justified the high expectations and confidence of her colleagues and her superintendent. Miss Lindeburgh later studied Health Education at Teachers' College, Columbia University, and left St. Luke's to become the Director of the Health Education Department of the Provincial Normal School at Regina, Saskatchewan, where, during the past six years, she has achieved a remarkable success in building up a constructive teaching and health education programme. Miss Lindeburgh comes to McGill School for Graduate Nurses with the highest recommendations and the School is fortunate and happy to announce her appointment to its staff.

Miss Lindeburgh will assist with the formal teaching at the University and will be specially charged with that most important phase in the preparation of teachers through observation, participation and supervised practice teaching.

In addition, Miss Lindeburgh will teach and conduct a health education programme at the Royal Victoria Hospital School of Nursing, thus insuring health for the students and providing a demonstration and practice field in health education for all students in the McGill School for Graduate Nurses.

MISS EILEEN FLANAGAN, before entering the profession of nursing, completed two years in the Faculty of Arts, McGill University. She graduated from the Royal Victoria Hospital School of Nursing in 1923. Since graduation, Miss Flanagan has had a rather wide and varied clinical experience as head nurse, supervisor, and assistant in administration in the office of the above School of Nursing, her experience in supervision covering almost every service. For three years Miss Flanagan was in charge of the Research Ward of the McGill University Clinic in the Royal Victoria Hospital. During that time she took an active part in all the research work conducted by the Medical School, showing a special capacity for this type of study. Her interest and success as a clinical teacher, her development of the case-study and other methods of teaching, her influence with the students, and her keen interest in the nursing care and general welfare of her patients all demonstrated her special fitness for the field of clinical teacher and supervisor. During the past year, Miss

Flanagan has completed the course for instructors at the McGill School for Graduate Nurses.

FOR THE PREPARATION OF ADMINISTRATORS IN SCHOOLS OF NURSING.—Miss Kathleen Hill has been appointed on a part-time basis to take charge of the field work in administration. This will consist of a well-organized programme of weekly excursions with conferences providing for observation, participation and supervised practice in professional and educational administration. The excursions will be planned to give the future administrators of schools of nursing a broad and sympathetic understanding of the various fields of nursing in which their students may be engaged and for which they are to receive their basic preparation. The excursions will include not only hospitals and schools of nursing, but all the community health and welfare activities which, linked together, comprise the programme for the maintenance of health and the prevention and cure of disease.

Miss Hill, before entering the profession of nursing, spent two years in the University of New Brunswick and MacDonald College. She graduated from the Royal Victoria Hospital in 1922. Since then she has had excellent experience as teacher and supervisor in several hospitals. During the past year Miss Hill has taken the course in administration at the McGill School for Graduate Nurses. Miss Hill will also be an assistant in administration at the Royal Victoria Hospital. This dual position will be highly advantageous both to Miss Hill as a teacher and to her students in administration.

FOR THE PREPARATION OF PUBLIC HEALTH WORKERS, TEACHERS AND SUPERVISORS. The announcement of Miss Isabel Stewart Manson's appointment was made in the May Journal. Miss Manson will come to McGill at the beginning of the school year in September. During the summer Miss Manson will continue her studies in public health at Teachers' College, New York, and will also visit other cities to study their public health and social welfare programmes.

RESEARCH IN NURSING.—It is generally recognized that if knowledge is to be advanced or progress made in any profession or field, time, thought and energy must be devoted to the study of the special problems in that field unhampered by the immediate tasks which have to be performed. In medicine, wonderful strides have been made, because there are many qualified workers giving part or all of their time to research. In nursing, there are few, if any, who have time or leisure or who can be given the time and resources for the study of special problems in nursing.

To make this possible at McGill School for Graduate Nurses a Fellowship has been granted by Dr. Chas. F. Martin, Dean of the Medical School and Acting Principal of the University, and awarded to Miss Eileen Flanagan. The field of study will be a selected ward in the Royal Victoria Hospital, and the study itself will be devoted to (1) the needs of the patients from the nursing standpoint; (2) the nursing knowledge and skill necessary to best meet these needs, and (3) the best methods of teaching the students, and (4) the administrative aspects of the nursing and educational programme. The aims are to insure a better understanding and nursing of patients, to build up the clinical courses of study, and the best methods of clinical teaching. The study will be under the direction of the School and will be demonstrated to students of the School interested in clinical teaching. The hearty interest and co-operation of the Faculties of the Medical School and of the School of Nursing of the Royal Victoria Hospital have been assured.

BERTHA HARMER, R.N., M.A.

Department of Private Duty Nursing

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Eczema

By HAROLD ORR, O.B.E., M.B., D.P.H., Edmonton

In any discussion of eczema it is first of all necessary to define exactly what type of superficial catarrh of the skin one has in mind. Defined by Willan (quoted by his pupil, Bateman) eczema consists of a circumscribed patch of closely set, pin-head sized, deeply formed vesicles, accompanied by itching and burning. At first there is very little inflammation at the bases of the vesicles, but this phase is of short duration, and in the fully developed patch there is redness and swelling.

A study of sections cut from such a patch at various stages of its evolution shows that the earliest change is a dilatation of superficial capillaries, with a pouring out of lymph from these vessels into the intercellular spaces of the epidermis. This causes spongiosis or oedema, and as the pressure increases the intercellular fibrils break, the cells are pushed aside, and a sterile vesicle is formed in the middle of the prickle-cell layer. This enlarges to the size of a pin-head and may rupture on the surface (weeping eczema). The process may at any time be checked, lymph being poured out of the capillaries in amounts insufficient to cause weeping on the surface and giving rise merely to oedema. This causes an increase in the rate of multiplication of the cells of the stratum germinativum, and may even cause mitosis in the prickle-cell layer, leading to thickening (acanthosis) and to a derangement of the process of keratinization (parakeratosis) which results in the formation of scales.

There is another type of inflammation of the skin resulting from a specific irritant, such as hair-dye or a plant. In this the inflammation is more diffuse and the vesicles more superficial, not all of one size, and frequently coalescing to form bullae. The trouble subsides as soon as the irritant is removed and only recurs on the exhibition of the specific irritant. This condition is labelled dermatitis. Etiologically, it differs from eczema in its specificity. There is an idiosyncrasy on the part of the individual. I have two patients, dentists, with an idiosyncrasy for novocain, in whom this drug always produces a dermatitis when it comes in contact with the skin, yet neither has ever had an inflammation of the skin from any other cause. This idiosyncrasy may be acquired or inborn. As an example of the acquired type, there is the photographer, who after many years in his profession, may suddenly develop an idiosyncrasy for metol or hydroquinon, and thereafter a dermatitis develops on every contact with the irritant. The natural idiosyncrasy for *Rhus toxicodendron* is inborn and so common as to be a racial characteristic.

In eczema there is no specificity. This type of patient has a susceptible skin which reacts in a definite way to any irritant; even scratching or rubbing being sufficient in most cases to produce the reaction. It must be admitted, however, that there are cases of occupational dermatitis clinically and histologically indistinguishable from eczema, and one may have to rely on the history. From eczema should be excluded, of course, such conditions as seborrhoeic dermatitis, due to Unna's bottle bacillus; and

ringworm of the extremities, due to an epidermophyton. These eruptions may closely simulate eczema, but belong to a different category.

The constitutional factor in the causation of eczema has been much dilated upon by many writers, and there are few chronic ailments which have escaped notice in this connection. Usually, they are referred to in general terms, such as "disturbances of the nervous system," "any systemic derangement affecting nutrition or excretion," "foci of infection," and so on, with little or no evidence to prove that any one of them is capable of producing eczema *per se*.

All will probably agree that some internal factor or factors are concerned in most cases. The perplexing feature is the fact that so many diverse internal causes are apparently capable of producing the eczematous reaction, or at least of causing in the skin a susceptibility to this type of reaction under the stimulus of external irritation. Probably this susceptibility is brought about by an anatomical change in the skin itself, and this opinion is based on the observation that xeraderma, or dry skin, is associated with the great majority of cases of eczema coming under observation. In the prairie provinces of Canada the relative humidity of the atmosphere is low and any tendency to dry skin is accentuated. It is not unusual for a patient who has been afflicted with eczema in the east to find, on taking up residence in the west, that the skin becomes noticeably dry, a feature not previously observed. People with normal skins are not troubled in this way in the west. It may be suggested that in the case of these persons the skin has perhaps always been deficient insofar as the sebaceous glands are concerned, but in a very minor degree. Now, precise information regarding the influence of the other systems of the body over the sebaceous glands is lacking, but it is believed, as pointed out by Reade, that the vegetative nervous system is an important factor. This system consists of two parts, the sympathetic and the parasympathetic. A balance between the two produces physiological poise, or a co-ordination of metabolic activities, which is the normal state. It is believed that this is accomplished through the hormones of the ductless glands, which are under the control of the vegetative nervous system and influence various elements of the skin, such as the pigment, sweat-glands, sebaceous glands, hair and nails, and vasomotor tone. Dysfunction of this neuro-endocrinological mechanism arises in response to three varieties of stimuli: (1) metabolic; (2) toxic; and (3) psychic. It can thus be understood how it is possible for an element of the skin to be influenced in a particular way by a variety of primary causes, and it is suggested that the eczematous patient has a skin deficient in sebaceous gland function, and that this condition is brought about by dysfunction of the endocrinological system. There is here a fertile field for investigation, and, as our knowledge of endocrinology increases, no doubt our present-day conceptions, or misconceptions, of many dermatoses will be materially changed.

In the treatment of eczema, if there is weeping, it is useful to begin with the dilute liquor plumbi subacetatis, a few layers of gauze being laid on and kept saturated. In twenty-four to forty-eight hours White's crude coal tar ointment may be applied, a thick layer being plastered on and covered with a few layers of gauze. This should be renewed once daily, and it is well to avoid irritating the skin by attempting to remove all of the old ointment. At the end of from four to seven days the skin will probably be clear, and the ointment may be removed gently with olive oil. X-rays are very useful in the chronic scaly variety. Ultra-violet light should never be used in the treatment of acute eczema. It is useful as an adjunct, however, in the treatment of chronic dermatitis. Bearing in mind

the anatomical abnormality of the skin, if a recurrence is to be prevented, it is necessary to overcome the dryness of the skin, and for this purpose an ointment of 50 per cent. lanolin and 50 per cent. vaseline, with the addition of a little calamine, should be applied to the skin twice daily, and always after washing. Irritation, especially scratching, must be avoided, and special precautions must be taken at night, because most of the damage is done when the patient is dozing off to sleep or before he is completely awakened.

Conclusions

1. Eczema is a type of skin reaction occurring in an abnormal skin as a result of irritation.

2. This abnormality may be produced by a variety of internal causes, acting probably through the parasympathetic system.

3. After the outbreak has been cured relapses may be largely prevented by the application of emollients, in an effort to overcome the abnormal dryness.

(The Canadian Medical Association Journal, November, 1928.)

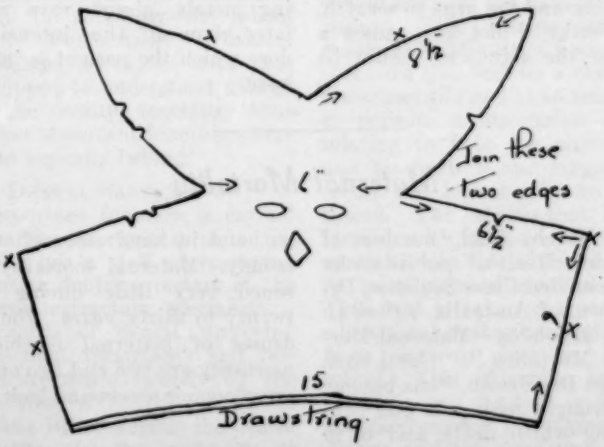
Nursing Care of Eczema

By ETHEL ENGLISH, Royal Alexandra Hospital, Edmonton

For the purposes of this paper, the term "eczema" is used in its broadest sense and to include not only circumscribed patchy eczema but the facial eczema of infants and the various types of dermatitis due to external irritation such as results from contact by susceptible persons with irritants, as hair dyes, dyed fur, certain plants as the primula or poison ivy, and from contact with irritants inseparable from certain occupations. While eczema used in this broad sense is perhaps the most common condition met with in a dermatological clinic, the opportunities for the student nurse to observe and study it are limited because so few of these patients are admitted to hospital.

One of the most difficult types of the disease to handle is infantile facial eczema, and here it is necessary to adopt strict measures to prevent a recurrence, for even in an instant the child by one tear at its face can undo the work of a week.

In the local treatment, crude coal tar ointment is frequently used, and is applied smoothly and quite thickly with the aid of a wooden spatula, covered with a few layers of gauze and held in place by a well fitting



Ties about six inches long, should be attached at points marked "X."

mask, which is made (as per diagram) with four thicknesses of gauze, with exactly placed apertures for mouth, eyes and nose. The measurements given will be found to fit the average infant up to six or eight months of age, but slight variations may be necessary. The dressing is changed once daily, making no serious effort to remove the old ointment until after five or six days, when the eczema will have been cured, and the part is then gently cleansed with olive oil. From this point on, the success of the treatment depends almost entirely on close observance of the following points:

1. Scratching by the infant itself is perhaps the most common form of irritation to be guarded against and it is usually necessary to educate the child away from the scratching habit. The movement of the arms must be so restricted that the hands cannot be brought into contact with the face. This can be accomplished by means of a small splint extending from the axillae to the wrist, or by cardboard tubing placed over the child's arm and extending down to the finger tips. Celluloid or aluminum mitts are on the market and are useful.

2. The child must be kept in an equable temperature, preferably about 68 degrees F. Moving from a hot to a cold room and vice versa causes a flushing of the skin with its consequent itching and the urge to scratch.

3. Too bulky a diet also causes a flushing of the skin and should be avoided.

4. Only the softest of underwear should be used. Linen is to be desired, but if not obtainable, cotton or silk can be used. Woollens should not be worn in contact with the skin.

5. If the skin is dry and harsh, an emollient such as olive oil or cold cream should be used frequently and always after washing.

In dealing with eczema in adults, if there is weeping, the doctor in all probability will have prescribed some evaporating lotion, such as liquor plumbi subacetatis dilute. Ordinarily, liquor plumbi subacetatis fortis will be supplied, and from this strong solution the dilute is made by adding one dram to half a pint of distilled water, which should not be heated beyond room temperature. The use of distilled water is important, as with hard water the lead may be precipitated. The dressing must be kept constantly saturated, and in most cases this can be done by the patient himself. After one or two days of this treatment, the crude coal tar ointment will probably be used, and is applied in the same manner as previously described and is held in place by bandages or whatever manner is most suitable to the location.

Topical applications should be avoided for a few days prior to the use of x-rays, because many of these preparations, especially those containing metals, absorb rays which are later given off, thus intensifying the dose which the patient is intended to have.

Maternal Mortality

In the March, 1929, number of "The World's Health," published by the League of Red Cross Societies, Dr. Marie Brown, of Australia, writes an interesting article on "Maternal Morbidity and Mortality." "Child-birth today," says Dr. Brown, "has become a process fraught with pain and penalty, during which death and birth go hand in hand more often than is seemly. Maternal mortality has lessened very little during the last twenty to thirty years. The ultimate causes of maternal morbidity and mortality are two and two only. They are economic stress and lack of education."

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

A System of School Medical Inspection

By F. S. BURKE, M.B., Director of Medical Services, Department of Public Health, Toronto.

(Concluded)

The Division of Nursing

Perhaps no group is so intimately woven into the fabric of school medical inspection as the school nurses. It is they who are largely responsible for linking the school with the home. The school nurse's tactful approach to a mother often hastens the medical or surgical action that converts a defect into a termination. It is not a difficult task to find defects in the school child, nor is the finding of them particularly significant in the light of our present knowledge, but the termination of these defects is a vital problem, that largely falls to the nurse.

If the school medical officer fails to impress a mother with need for action, or if the mother is not present, the task must then become the nurse's. The adequacy of nurse follow-up is reflected in the percentage of terminations secured, not forgetting the quality of the work.

The health teaching in a school should centre around the nurse and she should be aided by the school physician. Furthermore, a school nurse's training should be such that she is equipped to understand a large part of the health teaching, thus keeping that important function where it seems to logically belong.

Dental Services

This important function is carried out under the supervision of a Director, who has a staff of surveying and operative dentists, certain of the latter being extraction specialists.

The records of dental surveying and subsequent treatments and terminations are made entirely by the dental service, although the school nurse assists by arranging the dental appointments. In the summary of the year's work, a few cases will be noted under No. 8, "Dental"; these are children who are referred to the dentist, because of some very abnormal condition urgently requiring attention.

Mental Hygiene

This new science, as applied to school medical inspection, is directed by a psychiatrist, who has a staff of psychologists and social workers. When one considers what can be done for the mentally retarded and problem school child, if placed in a suitable "milieu," one is at a loss to account for any procrastination in attempting something in their behalf. Mental hygiene must be an integral part of every well thought out school medical programme.

Records. The question of records is one so full of controversial material that I approach it very cautiously. Records are necessary but time-consuming devices, generally disliked by those using them. Records should be as simple and few as possible and yet should have all the data that we may require. That sounds easy but in reality it is difficult of performance.

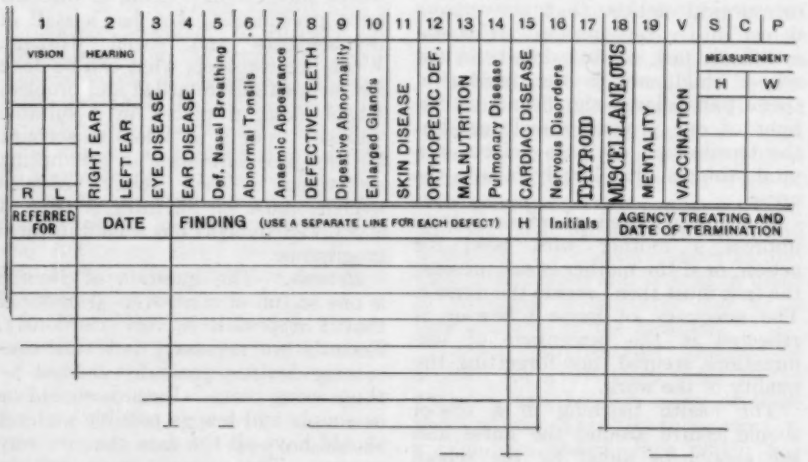
A card that follows a child through his school life and is so designed that it permits a succession of entries relating to both his physical status and his medical and surgical history seems the logical way to keep the record. The scheme that I am most familiar with has a record of academic career on one side of the card and the record of physical career on the other. This card is taken charge of by the educational authorities and forwarded from class to class and school to school. This of course immediately demands a standard card and a standard method of making entries of defects and the correction of defects.

I have received from time to time the physical records forwarded with children from distant points. These, while interesting, were not easily interpreted by me, and in most instances I could not tell whether the observations noted on the history were made by teacher, nurse or physician. If this Association of School Physicians does nothing else, it should see to it that entries on the medical record of school children are at least the observations of a qualified medical practitioner.

mary of his findings of defects and terminations is but the work of a moment. As all schools are recorded separately a summary form must be completed for each school visited in the day. Summarizing these at the end of the year gives a fairly accurate accounting of our work. It permits us to balance the books.

Table I shows a summary of the defects found in one year in Toronto schools. This summary, like that of terminations is readily made, owing

FIGURE I.



The accompanying form shows that part of our permanent medical record card that is used for recording the defects found. On a section of the card not shown in the figure are recorded other details of the child's medical history, notes, etc. The entries are the findings of the school physician and are made by him. The physician's daily report of work done has on it a summary form that exactly corresponds in arrangement and nomenclature to the permanent school medical record card. This arrangement is very familiar to the physician, and to fill in daily a sum-

to the classification of defects, by a clerk in the central office.

I would like to explain, too, a system of recording the termination of defects that we have employed for about two years. Prior to the employment of this scheme we felt that we knew only too little of the actual manner in which the defects were disposed of. Heretofore the recording of terminations had been the duty of the nursing division on decisions made by both the school physician and nurse. The difference in the percentage of terminations secured by the

TABLE I

DEFECTS ACCORDING TO NATURE OF DEFECT AND GRADE OF PUPIL

School Medical Inspection—Toronto, 1927

Classification	Junior	Senior	Total
1. Vision	497	379	876
2. Hearing	138	93	231
3. Eye	103	5	154
4. Ear	56	34	90
5. Nasal	1211	388	1599
6. Tonsil	2168	734	2902
7. Anasmic Appearance	172	61	233
8. Dental	5	20	7
9. Digestive	10	1	11
10. Enlarged Glands	162	17	179
11. Skin	17	2	37
12. Orthopedic	67	24	9
13. Malnutrition	537	371	908
14. Pulmonary	44	12	56
16. Nervous	81	51	132
17. Thyroid	123	249	372
15. Cardiac	148	95	242
18. Other Defects	22	14	36
19. Mental Retardation	12	2	14
Total	5575	2598	8171

various districts had a tendency from time to time of injecting a spirit of competition into the recording of terminations that possibly made our results more colorful. Under the present scheme the entire work of deciding and recording is in the hands of the district medical officer who records daily his decisions under five heads coded as A, B, C, D, E.

Termination of defect by medical or surgical action ..... A.
Termination of defect by natural means ..... B.
Defect known to be under adequate medical and home care ..... C.
Difference of medical opinion ..... D.
No action obtained by us (i.e., lost address, left school, etc.) ..... E.

Let us examine each singly—

A.—TERMINATION OF DEFECT BY MEDICAL OR SURGICAL ACTION.

This is one where the remedy has been complete, and constitutes 65.8 per cent of all terminations.

B.—TERMINATION OF DEFECT BY NATURAL MEANS.

This shows us how accurate was the summing up of the condition in the first instance. If the defect subsides with time to the point where it can no longer be considered as such, then how accurate was our diagnosis? This should eventually improve both our ability to diagnose and prognose. This group constitutes 13 per cent of our terminations.

C.—DEFECT UNDER ADEQUATE MEDICAL AND HOME CARE.

This is useful because it permits us to dispose of a type of defect, of which there are many and in which the school medical service has no further action. The future supervision of the case has been undertaken by a duly qualified medical practitioner, the only person whom we can recognize as responsible. 9.3 per cent of terminations were recorded in this group.

D.—Difference of Medical Opinion.

This is where the medical authorities to whom we refer the cases for treatment do not agree with our diagnoses or that the children need treatment. We do not argue these cases as a rule because it is our policy not to break the faith of a family in the family physician. 2.6 per cent fell in this group in 1927.

Termination under E.—No Action Obtained.

An E. termination is resorted to only when no further progress towards securing correction is possible, and is designed to be used largely at the final survey of children in the graduating class. E. terminations are used in the junior rooms when it is found that the family are Christian Scientists or have moved away, or there has occurred some such happening beyond our control and which heretofore we had no way of recording. 9.6 per cent of all recorded terminations were under this heading.

Table II shows a summary of the defect-terminations in one school year in Toronto. It will be recognized that while the terminations tabulated do not necessarily correspond or refer to the defects found in the same year, andthe totals, therefore, do not agree, a very large percentage of the terminations under A, C, D, are in reality terminations of defects found

TABLE II

Terminations of Defects According to Classification and to Grade of Pupil

School Medical Inspection—Toronto, 1927

Classification of Defect	Terminations												
	A		B		C		D		E		Total		
	Jr.	Sr.	Jr.	Sr.	Jr.	Sr.	Jr.	Sr.	Jr.	Sr.	Jr.	Sr.	Total
1. Vision	301	279	21	41	10	25	13	13	15	43	360	401	761
2. Hearing	31	12	25	25	12	14	--	--	1	6	69	57	126
3. Eye	32	14	6	14	4	8	9	2	4	6	55	44	99
4. Ear	35	16	8	4	3	6	2	--	--	2	48	28	76
5. Nasal	1120	429	32	87	16	45	15	23	40	111	1223	695	1918
6. Tonsil	1466	648	39	118	18	86	26	50	80	237	1629	1139	2768
7. Anaemic Appearance	18	11	29	62	4	14	1	1	5	11	57	99	156
9. Digestive	4	1	2	1	--	2	--	--	--	--	6	4	10
10 Enlarged Glands	34	8	25	59	8	16	-	--	9	16	76	99	175
11. Skin	7	8	2	5	1	4	--	--	--	1	10	18	28
12. Orthopedic	11	3	2	1	7	7	--	--	3	--	23	11	34
13. Malnutrition	47	62	84	133	15	48	--	8	11	25	157	276	433
14. Pulmonary	5	--	6	6	9	9	--	--	2	--	22	15	37
15. Cardiac	4	10	5	14	26	63	--	5	1	11	36	103	139
16. Nervous	12	8	6	18	5	12	1	2	--	1	24	41	65
17. Thyroid	8	21	26	18	33	131	1	10	5	33	73	213	286
18. Other Defects	6	2	3	2	--	--	--	--	1	--	10	4	14
Total	3141	1532	321	608	171	490	68	114	177	503	3878	3247	7125
	4673		929		661		182		680		7125		
Percentage of Recorded Terminations	65.5		13.0		9.3		2.6		9.6		100.0		

in the same year. In fact, the majority of defects terminated under A, medical or surgical action, are so terminated within three months of the finding of the defects. Taken over a series of years the total terminations do agree approximately with the total defects found.

CONCLUSIONS.—1. It is better to give thorough examinations at longer intervals with adequate follow-up by the nurses than superficial examinations yearly.

2. It is better for the physician to visit the school weekly, doing as much as his time allows, than to work the school daily until finished and not revisit the school until the next term. This throws too much responsibility on the nurse, causing her at times to make decisions she should not be called upon to make.

3. The same type and extent of examination with similar records, should be demanded from all in order that the work may be comparable. Research studies by the school medical officer should not supplant or interfere with the routine examination.

BOOK REVIEWS

Nursing Care of Communicable Diseases, by Mary Elizabeth Pillsbury, B.S., R.N., M.A.; published by J. B. Lippincott Company, Montreal. Price, $3.50.

Few text books for nurses have been written on communicable diseases, and none that so completely and comprehensively covers the field of disease prevention, in the relation to communicable diseases, as does the text by Mary Elizabeth Pillsbury, published in January, 1929, by Lippincotts.

The work is divided into two parts. The first part deals with the prevention and control of communicable diseases. The second part with the nursing care of communicable diseases, in which the forty-eight diseases discussed are arranged alphabetically, making this text a very convenient reference book for the nurse.

Each disease is discussed under three heads:

(1) Introduction:
Dealing with the definition, history and occurrence.

(2) Medical aspect:
(a) The organism—its etiology, source of infection, route of transmission, period of communicability, laboratory diagnosis.
(b) **Course of the disease:**
Clinical picture, prognosis, complications and sequelae, treatment.
(c) **Measure for control:**
Early recognition and report, isolation and quarantine, immunization.

(3) Nursing care:
Special points, recognition of complications and sequelae, nursing procedures, measures for disease control in hospital and home.

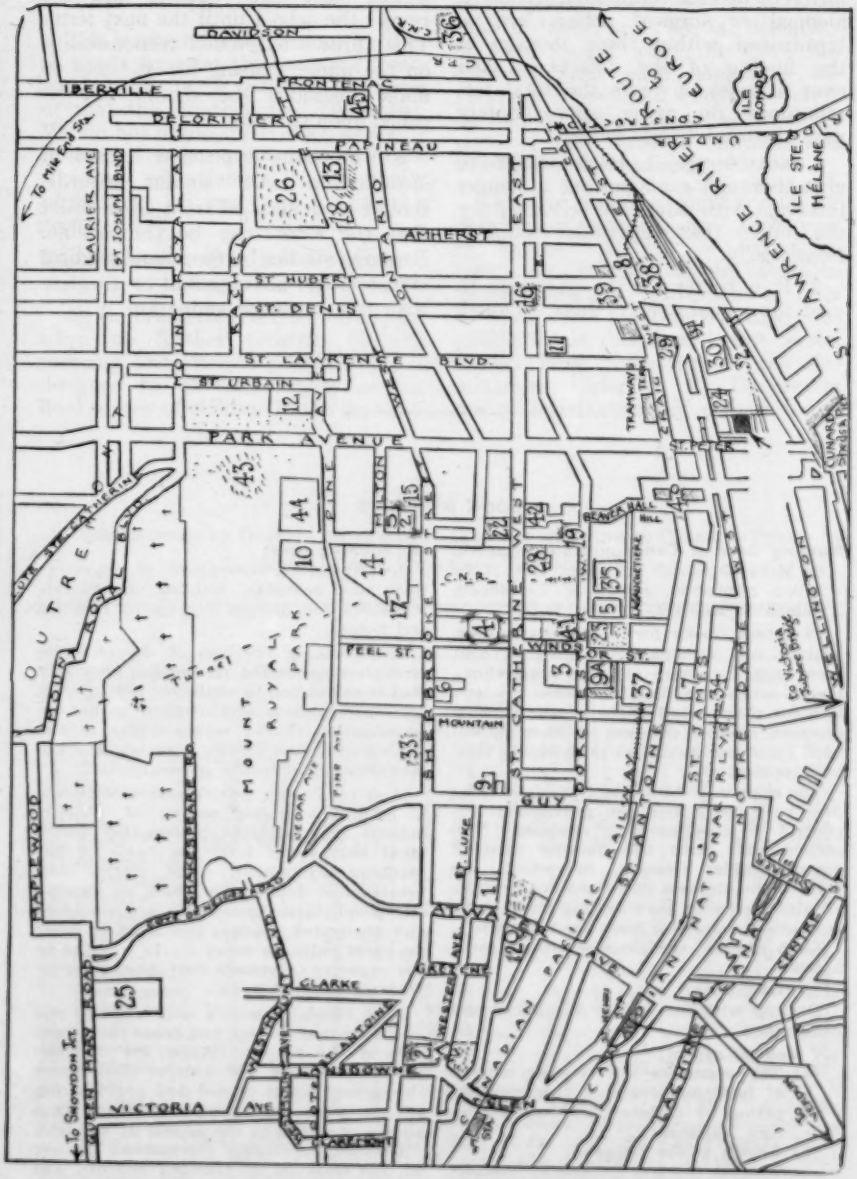
The teaching function of the nurse is strongly emphasized throughout in a way that is calculated to challenge her interest and co-operation, and awaken in her an appreciation of her responsibility in the control of communicable diseases, and the conservation of health generally.

Miss Pillsbury's text furnishes the nurse a readily available source of concise, definite and scientific information which must necessarily form the basis of her teaching equipment. The clarity and precision of detail with which all nursing and prophylactic procedures are described and illustrated, renders this work of great practical value to every nurse whether in her capacity of private duty nurse, supervisor or instructor.

Miss Pillsbury writes with dignity, and in a way that arrests and holds the attention of the reader. While her opinions and instructions are definite—she shows throughout a fine regard and appreciation for the work and opinion of others, thus adding strength to the appeal of her text.

I would thoroughly recommend the use of this book in all training schools, and feel that it would be of inestimable value to every public health nurse.

GERTRUDE P. GARVIN.



By Courtesy of The Cunard Line.

CITY OF MONTREAL

International Council of Nurses

Under the distinguished patronage of their Excellencies the Governor-General of Canada and Viscountess Willingdon, the Sixth Congress of the International Council of Nurses will be held in Montreal from July 8 to 13. It is expected that nurses from thirty-five or more countries will attend, and delegates from nineteen countries, representing a membership of over 132,000 nurses, together with the Board of Directors, will make up the Grand Council, or voting body of the International Council of Nurses.

The opening business session of the Congress, held on Monday afternoon, July 8th, will be presided over by Miss Nina D. Gage, president of the Council, who will then give her presidential address. The formal opening of the Congress will take place on Monday evening, when addresses of welcome will be made by His Excellency, the Governor-General of Canada; the Archbishop of Montreal and Chancellor of the University of Montreal, Monseigneur George Gautier; the Premier of Quebec, Hon. L. A. Taschereau; the Mayor of Montreal, Camilien Houde; the Chancellor of McGill University, Mr. E. W. Beatty; the president of the Canadian Medical Association, Dr. A. T. Bazin; and the president of the Canadian Nurses Association, Miss Mabel Hersey.

Miss Nina D. Gage will reply to these addresses of welcome.

General sessions will be held Tuesday morning and evening, July 9th; Wednesday afternoon, July 10th; Thursday morning and evening, July 11th; Friday afternoon, July 12th; and Saturday morning and evening, July 13th.

Meetings of the three sections will be held concurrently on Tuesday and Thursday afternoons. Round Table Conferences are scheduled for Wednesday, Thursday and Friday mornings (See The Canadian Nurse, April, 1929, pages 197-200, for details of the Programme.)

All general sessions of the Congress will be held in the Forum. Section sessions will be held in the Montreal High School, the Windsor Hotel, and the Mount Royal Hotel. Sessions of the Grand Council (the Board of Directors and official delegates), and Round Tables will be in the High School.

Headquarters will be in the Montreal High School, University Street (above Sherbrooke St. West).

Registration will take place daily from 9 a.m. to 10 p.m., commencing Friday, July 5th, at Headquarters, where there will also be an Information Bureau and the Exhibits.

Films will be shown at 5.15 each day at Headquarters.

Special religious services are being arranged for Sunday, July 7th.

SKETCH MAP OF CENTRAL MONTREAL

The numbers refer to position of numbers on map

1. Forum: Auditorium for large General Sessions.
2. Montreal High School: Congress Headquarters, Registration Office, Exhibits; meeting place for the Grand Council, the Nursing Education Section, and for special meetings of nurses from affiliated countries.
3. Windsor Hotel: Private Duty Section meeting place.
4. Mount Royal Hotel: Public Health Section meeting place.
6. Ritz-Carlton Hotel: Where Grand Council will be in residence.

9a. Y.W.C.A., Dorchester Street.

10. Royal Victoria Hospital.
11. Montreal General Hospital.
12. Hotel Dieu.
13. Notre Dame Hospital.
22. Christ Church Cathedral.
23. St. James' Cathedral.
28. Post Office, next door to branch of Bank of Montreal, at University and St. Catherine Street.
31. Chateau de Ramezay.
32. Bonsecours Church and Market.
33. Art Gallery.
34. Bonaventure Station (C.N.R.)
35. Tunnel Station (C.N.R.), Laguachetiere Street West.
37. Windsor Street Station (C.P.R.)
38. Place Viger Station (C.P.R.)

RE HOUSING:

The Committee on Arrangements for the Congress announces that there will be accommodation in convents for all nurses who have not yet made reservations for rooms. The price ranges from $1.25 to $2.25 per person per night, according to type of accommodation required. Beds are all single, some in lovely single rooms, others in dormitories, and prices include breakfast. Nurses are advised to write at once to secure their reservations, as time is growing short.

Nurses are requested not to make application for accommodation for others than nurses, as accommodation is limited.

Apply to Committee on Arrangements, International Council of Nurses, Royal Victoria Hospital, Montreal, P.Q

RE TRANSPORTATION:

The Canadian Passenger Association has authorized reduced fares on the Identification Certificate plan for all who will attend the I.C.N. in Montreal. Upon presentation of Identification Certificates round-trip tickets at fare and one-half will be issued.

Tickets purchased under the Identification Certificate Plan may, on payment of an additional three dollars, be routed via Canada Steamship Lines between Toronto or Kingston and Montreal.

Dates of sale are as follows:

	Dates of Sale	Return Limit
Eastern Lines—		
From east of and including Armstrong, Fort William, Sault Ste. Marie, Ont., and the St. Clair and Detroit Rivers	July 4-10	July 20
Western Lines—		
From west of Armstrong and Fort William, and including points in Saskatchewan, Manitoba and Ontario	July 4-10	July 20
Points in Alberta	July 3-9	July 28
Points in British Columbia	July 2-8	July 21

and in addition round-trip tickets at fare and three-fifths, with thirty-day limit, will be also issued.

For western sections the usual summer rates may be less expensive and nurses are advised to consult local ticket agents for comparative rates and dates of sale.

All tickets must be validated at Montreal before return journey is commenced. Under the Identification Certificate Plan, validation means simply stamping of the ticket by the ticket agent.)

Identification Certificates may be obtained from the following provincial representatives:

Miss L. F. Fraser, Room 10, Eastern Trust Co. Bldg., Halifax, N.S.	Miss Matilda E. Fitzgerald, 279 Willard Ave., Toronto 9, Ontario.	Miss Helen Randal, 125 Vancouver Block, Vancouver, B.C.
Miss Maud E. Retallick, 262 Charlotte St., St. John, N.B.	Miss E. Carruthers, 753 Wolseley Ave., Winnipeg, Man.	Miss D. Mott, 110 18th Ave. West, Calgary, Alta.
Miss Anna Mair, Royal Edward Hospital, Charlottetown, P.E.I.	Miss E. E. Graham, Regina College, Regina, Sask.	Miss E. Armour, Jeffery Hale Hospital, Quebec, P.Q.

All nurses should reach Montreal by the morning of Monday, July 8th, as the first meeting will be at 2 p.m.

Post-Convention tours in Canada and U.S.A. are being arranged by Thos. Cook & Son, who will shortly issue an attractive folder. Canadian nurses may obtain these folders from the same provincial representatives who will issue the certificates.

Canadian Council on Child Welfare makes a new appointment

Miss Dorothy Jones, of St. John, N.B., and a graduate of the School of Nursing, Montreal General Hospital, has been appointed as assistant secretary to the Canadian Council on Child Welfare. At the ninth annual meeting of the Council, by the adoption of the report of the Child Hygiene Section, the Council planned a three-year intensive educational campaign in the field of maternal infant welfare (see "The Canadian Nurse," January, 1929, p. 15).

Miss Jones will have charge of the development of this undertaking under the direction of the Child Hygiene Committee of the Council. This committee includes representative public health workers throughout the Dominion, with Dr. J. T. Phair, of Toronto, as chairman.

Miss Jones has been a member of the staff of the Child Welfare Association of Montreal for the past two years, and is well qualified in every way for this new undertaking of the Canadian Council on Child Welfare, which has been made possible through assistance from the Canadian Life Insurance Officers' Association.

News Notes

ALBERTA

CALGARY: Nurses of Western Canada will regret to learn of the death of Miss Agnes Kelly, of Calgary, which occurred recently. Born in Ayrshire, Scotland, Miss Kelly graduated from the Glasgow Royal Infirmary, where she afterwards acted as matron. Later she studied fever nursing at Belvedere Hospital, and also district nursing. For the latter course she was awarded first prize and was enrolled with the Queen's Nurses in 1898. Miss Kelly lectured for a year under the Glasgow School Board, and also gave instruction on the feeding and management of children to women in some of the poorer districts of the city.

From Miss Kelly's arrival in Calgary she was interested in nursing and nurses' organizations. The local Graduate Nurses Association owes much to her efforts, and by this organization especially she will be greatly missed. Although so active in nursing, Miss Kelly also found time to assist in church and foreign missions undertakings.

MEDICINE HAT: The graduating exercises of the School of Nursing, Medicine Hat General Hospital, were held on April 23rd, in Fifth Avenue United Church. Those graduating were: Rosalie Shepherd, Anna Harrigan, Dorothy Simpson, Margaret Scott, Ellen Hatley, Margaret Rosoman, Elizabeth Sneddon, Edythe McTavish, and Mary Rowles.

MANITOBA

BRANDON: The regular meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. A. F. Campbell, when Miss Hatch, a returned missionary, gave a most interesting lecture on Medicine and Leprosy in India.

Mrs. R. Darrach (S. Persis Johnston), is improving slowly, after a serious illness.

Mrs. (Dr.) Baragar, is speedily recovering from a recent operation.

GENERAL HOSPITAL, WINNIPEG: Miss Mary Houston (1916), has accepted a position on the staff of the Provincial Board of Health, and is stationed in Brandon.

Miss Dora Peterson (1907), of Victoria, B.C., spent a short time in the city en route to Arborg, Manitoba, where her father is very ill.

Mrs. (Dr.) Irving (Miss Tuple, 1900), of Yorkton, Sask., and Mrs. G. P. Bawden (M. Irving, 1907), of Moose Jaw visited in Winnipeg during the Easter holidays.

Miss Florence Hooper (1927), left in April for Los Angeles, California.

Miss Edith Macey (1908), has returned to Winnipeg for the summer months.

Friends of Mrs. C. J. Bernack (Rose Fred, 1921), will be glad to know that she is improving from an auto accident; also that Miss Josephine Morgan (1921), is convalescing after an operation.

Miss Pearl Christie (1927), has resigned from the staff of the Saskatoon City Hospital, and is doing private duty nursing in Winnipeg.

NEW BRUNSWICK

SAINT JOHN: The annual meeting of the General Public Hospital Alumnae was held early in April, with Mrs. Fenwick McKelvey, first vice-president, in the chair. The annual reports told of a very successful year. The election of officers resulted as follows: president, Mrs. John H. Vaughan; vice-presidents, first, Mrs. Fenwick McKelvey; second, Miss Kathleen Lawson; secretary, Mrs. G. L. Dunlop; treasurer, Miss K. Holt; additional members of the executive, Mrs. R. McLaughlin, Mrs. H. H. McLellan and Miss Odessa McConnell.

MONCTON: The graduating exercises of the School of Nursing, Moncton Hospital, were held in the Assembly Hall, Aberdeen High School, on Monday evening, May 13th. Diplomas and medals were awarded to: Clara Bernice Lauder, Mary Edna Price, Helen Louise Sinnott, Annie Howard Gregan, Leonora Trueman Flemington, Frances Mary Kingston, Isabel Gray Young, Jessie Isobel Oliver, and Ida Winnifred Scott.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in May, 1929, were 1,133. Fifty-three more than previous month.

APPOINTMENTS

Miss Pauline Bissonnette (Ottawa General Hospital, 1928), as assistant supervisor of the operating room of the Ottawa General Hospital.

Miss Eileen O'Neil (Ottawa General Hospital, 1927), to the staff of the Joint Diseases Hospital, New York.

Miss Edyth Hopper, as assistant school nurse in Owen Sound.

Miss D. A. Fisher (Hospital for Sick Children, Toronto, 1925), night supervisor, and Miss Elizabeth Lewis (1925), is in charge, Baby Surgical Ward, Hospital for Sick Children.

Miss Jean Davidson, in charge Out-Patient Department; Miss M. McCormack, in charge, Private Wing; Miss Hilda Muir, in charge, Surgical Wards; and Miss Florence Kelfer, in charge, Medical Wards, Brantford General Hospital.

Miss Helen Anderson (Nicholl's Hospital, Peterboro, 1920), to the position of Public Health Nurse, in Peterboro.

DISTRICT 2

GENERAL HOSPITAL, BRANTFORD: The regular meeting of the Alumnae was held in the Nurses Residence with Miss Dora Arnold

presiding. Dr. N. W. Bragg lectured on the before and after care for tonsillectomy. Arrangements were made for a bridge and euchre which was held most successfully on April 12th, when about 150 guests attended.

The many friends of Miss Hope Dovenінger (1919), will regret to learn that she is ill in Los Angeles, California.

Mrs. Welsher (Louise Silver, 1922), Detroit, is visiting in the city for a short time.

OWEN SOUND: Mrs. Dudgeon, for the past three years assistant superintendent of the General and Marine Hosiptal, has resigned and is doing private duty nursing in the city.

Miss Johnston, former night supervisor of the General Hospital, is able to leave that institution after an appendectomy.

Miss Jean Currie has been appointed night supervisor of the General Hospital for the summer months.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: At the executive meeting of the Mutual Benefit Association of the Alumnae, $341.00 was paid out in benefits.

Miss Evelyn Teeter (1927), was brought from New York by her sister, Miss Zeta Teeter (1924), to Hamilton General Hospital, where she underwent an operation for appendicitis. Her condition is improving.

Miss Hazel Tilling (1926), who has been in Winchester, Virginia, has returned and taken charge of Ward 4.

Miss Eva G. McNally (1921), has been very ill in Brandon General Hospital, where she holds the position of assistant superintendent and instructor. Miss McNally is now convalescing at her home at Butler, Man.

Miss Anna Coutts (1926), who has been in charge of Ward 7, intends taking the Public Health course, 1929-1930, at the University of Toronto.

Miss Jean Forsythe (1927), who has been in charge of Ward 4, is leaving to be married.

DISTRICT 5

GENERAL HOSPITAL, TORONTO: Miss Mildred Armstrong (1926), has accepted a position with the Standard Oil Co. and has left for Peru, South America.

Miss Mabel Sharp (1919), is relieving head nurse on Ward A, taking the place of Miss Alice Hunter, who is ill.

Miss Meta Gretzner (1923), has just returned to Toronto, having spent the winter in Florida and Cuba. On her way home she spent two weeks in New York with other Toronto General graduates.

Miss Ray Whittaker (1925), spent the winter in Miami.

The following interesting extracts are taken from letters written by Miss Cora Kilborn (1923), Women's Hospital, Shengtu, China.

"The weather is still cold, temperature 39 or 40 degrees outside, and the same in, when the doors are all left standing open as they are in the wards and all over the hospital. I'm afraid patients are not suffering from too many baths this cold weather, and the nurses are padded up so thick, I know there will be a revelation as to their size when spring comes, and some of the layers begin to peel off! I am about the same too, one layer on top of another, but one has to keep warm in temperature so near to freezing. In our house we have grate fires where we need them, and that is certainly not all over the house. They are alright to look at but when it comes to warming you up they can't do both back and front at once, so one side suffers.

"Would you like to hear one instance of Chinese unrestrained temper and a certain custom they have. In the New Hospital they have a girl who is a sort of dietitian. One day a coolie in the kitchen got cross over something, and began throwing the dishes around, so, to straighten him out she went over and cuffed his ears. This was perfectly terrible, the man's dignity was gone altogether—to be slapped by a woman! If it had been a man it would have been alright, but to be slapped by a woman, he had lost face altogether. So to pacify him and soothe his troubled spirits, they allowed the other servants to dope him with red pepper and set off fire crackers. His face was thus restored and all was calm again."

HOSPITAL FOR SICK CHILDREN, TORONTO: The regular meeting of the Alumnae was held in the Residence on April 19th, the vice-president, Mrs. Langford, in the chair. An especially interesting lecture on Mental Hygiene was given by Mr. Bourdaise, of the Canadian National Committee for Mental Hygiene, who illustrated his talk with a series of excellent lantern pictures, depicting the care of the patients in this type of work, both in Ontario and the United States. This closes the lectures for the year, and the programme committee is to be congratulated on the very excellent addresses that it has provided for the Alumnae during the winter, 1928-1929.

Miss Helen Howe has resigned as night supervisor.

Miss Thelma Irvine (1928), has resigned her position in the Rockefeller Hospital, and is doing private duty nursing in New York City.

DISTRICT 6

NICHOLL'S HOSPITAL, PETERBORO: The Alumnae entertained at bridge on April 17th, in honour of Mrs. Stanley Widdis, of Detroit (Daisy Stalker, 1922). The Nurses Residence was prettily decorated with spring flowers, the decorations being carried out in the hospital colours, purple and gold. During the evening, Mrs. Widdis, who had been on the hospital staff until shortly before her marriage was presented with a handsome silver tea service.

DISTRICT 8

OTTAWA: A well-attended meeting of District No. 8 was held May 1st in the new wing of the Ottawa General Hospital. Routine business and reports of standing

committees which occupied the first part of the morning were followed by demonstrations in bandaging, first aid, and practical uses of the metric system, given by several of the reverend sisters, with the help of a number of pupil nurses. Later in the morning Dr. Eugene Gaulin, urologist, explained new methods of sterilizing delicate instruments used in his work. A visit to several of the out-patient clinics concluded the programme till after luncheon. At the afternoon session, reports of the R.N.A.O. meeting at Kingston were given by the various delegates. Dr. J. L. Biggar's paper on, "The Cost of Sickness," was read by Miss Isobel McElroy. Dr. Biggar had expected to be present himself, but was called to Montreal at the last minute. Later a tour of the new wing of the hospital and the nurses residence was arranged.

Miss Margaret Farrell (Ottawa General Hospital, 1927), who has been assistant supervisor of the operating room at the Ottawa General Hospital since her graduation, has left to enter the convent of the Immaculate Conception. Miss Farrell will spend two years studying the Chinese language before proceeding to China.

Miss Minna MacLaren (St. Luke's Hospital, 1921), sails by the Empress of Scotland on May 7th, to tour the Continent for three months.

Miss Eleanor M. Charleson (St. Luke's Hospital), Canadian Immigration Principal Woman Officer for Scotland, is convalescing at the Ottawa Civic Hospital after a serious operation.

A successful year's work was recorded by the secretary of the Lady Stanley Institute Alumnae, Mrs. G. O. Skuce, at the annual meeting, which was held at the home of Mrs. Frank Campbell. Mrs. Skuce, who represented the Alumnae at the convention of the R.N.A.O. in Kingston, gave an interesting report of this meeting. The following officers were elected: president, Miss Mabel Stewart, Royal Ottawa Sanatorium; vice-president, Miss N. McNiece, Perley Home; secretary, Mrs. G. O. Skuce; treasurer, Miss C. Slinn; board of directors, Miss E. MacGibbon, Miss C. Slack, Miss E. McColl; representative to "The Canadian Nurse," Miss A. Ebbs; representatives to Central Registered Nurses Association, Miss A. Ebbs, and Miss Mary C. Slinn; press representative, Mrs. J. Waddell.

The Lady Stanley Institute Alumnae held an enjoyable bridge party at the home of Mrs. W. E. Caven recently.

District 10

The regular monthly meeting of the Registered Nurses Association of Ontario, District No. 10, was held on April 4th, at the Nurses Home of the Port Arthur Railway, Marine and General Hospital. There was a large attendance of members, and a lengthy programme of business was completed. Final arrangements were made for the banquet which is to be held in the newly completed Royal Edward Hotel, at Fort William, on which occasion the Registered Nurses will entertain the superintendents and graduating classes of the three local hospitals, i.e., The McKellar-General Hospital, Fort William; St. Joseph's Hospital, Port Arthur; and the Port Arthur Railway, Marine and General Hospital. Further progress was made with the details of the proposed, "Pageant of the History of Nursing." At the close of the meeting, delightful refreshments were served by the nurses of the Port Arthur Railway, Marine and General Hospital.

The regular monthly meeting of the Alumnae of the McKellar-General Hospital, Fort William, was held on Tuesday, April 23rd, at the home of Mrs. F. Eberts, with a large attendance. The president, Mrs. F. W. Edwards, was in the chair. The routine business included the arrangements for a rummage sale to be held on May 18th. An interesting paper was read by Miss Vera Lovelace on, "The Value of the Banana in the Daily Diet." At the conclusion of the meeting, a social hour was enjoyed and refreshments served by the hostess.

The Alumnae of St. Joseph's General Hospital have held their first banquet in Port Arthur, and it is proposed to make the event an annual one. Twenty-six graduates were present, and among that number were nurses representing classes from 1906 to 1929, inclusive. The banquet was held in the new dining hall of the hospital, and the graduates were seated at an attractively arranged table. The hall was artistically decorated for the occasion with cut flowers. Prior to commencing dinner, Miss Anna Boucher, president of the Alumnae, spoke a few words of welcome to the graduates and urged that they be loyal to their school. A full programme of toasts, music and community singing accompanied the dinner. The toast to the King was proposed by Mrs. J. Teskey, to Alma Mater by Miss Irene Sheehan, to "Our Profession," by Miss Lois Carter, and to the sister nurses by Miss M. Flannagan. The musical programme included a parody, "Put on your old St. Joseph's bonnet with the black ribbon on it." The speaker of the evening was Mrs. Archie McIver, who drew some interesting comparisons between the practice of nursing today and that of some years ago. Miss Margaret Coghlan moved a vote of thanks to the Rev. Mother Aldegonde and the Sisters, through whose efforts it was possible to hold the banquet in the school from which all present had graduated. Following the singing of God Save the King, the regular business meeting was held in the lecture room of the hospital, at which Miss C. Nault presided.

A private room in the new wing of the St. Joseph's Hospital, Port Arthur, has just been completed for the use of sick nurses.

Miss Cecile Nault, St. Joseph's Hospital, Port Arthur, has left for Windsor to take up private nursing.

QUEBEC

General Hospital, Montreal: Appointments: Miss E. Hamilton, Out-Door Department, Woman's General Hospital; Miss Raeburn, Dr. H. Little's Office; Miss Belford, Floor Duty, Rockefeller Hospital, New York; Miss S. Hicks, Staff Operating Room, Montreal General Hospital; Miss Rheimer, Staff Out-Door Department, Montreal General Hospital; Miss D. Jones, member of the staff of Child Welfare Association of Montreal, to the position of Assistant Secretary to the Canadian Council on Child Welfare, Ottawa.

The many friends of Miss Lillian MacMartin, of St. Andrews, will be grieved to hear of her death, which occurred suddenly on April 8th at the Montreal General Hospital, while visiting in Montreal; also of Miss Janet Wainwright at the Hospital on May 3rd, of pneumonia, contracted while on duty. Miss MacMartin, though not doing active nursing, was helping her fellow workers in the church, socially, and especially in her home. Both Miss MacMartin and Miss Wainwright graduated in 1900, and their charming personality and sunny disposition won them many friends wherever they went. We feel that

"They are not dead, they have but passed
Beyond the mist that binds us all,
Into the new and larger life
Of that serene sphere."

The sympathy of the members is extended to Miss Carmen in the death of her mother; to Miss R. Hamilton in the death of her mother; and Miss McMurrick in the death of her brother.

Western Hospital, Montreal: The Alumnae held their annual dinner on April 24, 1929. The guests of the evening were Misses Hersey, Holt, Harmer and Ferguson. Toasts were proposed to the King, the Guests, Absent Members and the Alma Mater. The dinner was very well attended.

At the last monthly meeting of the Alumnae a very interesting illustrated talk was given by Mr. Dan McCowan, "A Naturalist in the Rocky Mountains," and was thoroughly enjoyed.

Children's Memorial Hospital, Montreal: Miss F. Hummell (1927), is acting as ward supervisor for a few months.

Miss A. Sutherland (1925) has gone to Boston, where she is doing private duty work.

Miss E. Thompson (1927) has resigned from the staff of the Woman's General Hospital, and Miss D. McLaughlin (1929) has replaced her.

Miss A. Thompson (1926), who resigned as night supervisor at the C.M.H., has been succeeded by Miss E. Feader (1929).

Miss G. C. Bancroft (1927) has been granted six months' leave of absence following an operation for appendicitis, and is spending the summer abroad. Miss M. Flanders (1928) is acting as assistant instructor during Miss Bancroft's absence.

Miss R. Miller (1928) is doing relief work with the Victorian Order of Nurses.

The Alumnae has voted the sum of $100.00 to the I.C.N., and this is being raised by different members of the Alumnae who are giving private bridge parties.

Miss G. Fitzgerald (1927) is on the staff of the Lady Northcliffe Hospital, Grand Falls, Nfld.

The graduating exercises were held on Friday, April, 26th the graduates being Misses A. Adlington, E. Feader, V. Schneider, R. Paterson, D. McLaughlin, B. Goobie, B. Cleary, V. Ledrew, R. Tinkiss, A. Creighton, M. Wilson. The prize winners were Miss Adlington and Miss Tinkiss. H. B. Cushing, M.D., was chairman. The Rev. Canon Gower-Rees gave the address to the graduates and Mrs. L. M. Lindsay presented the pins and diplomas. Tea was served. In the evening of the same day a very enjoyable dance was held.

Homeopathic Hospital, Montreal: Miss D. Smith has returned from her trip to Bermuda.

Miss J. Coyle left in April for Scotland, where she will remain indefinitely.

The class of 1929 held a very pretty dance in the Nurses' Home recently, when a thoroughly enjoyable evening was spent.

The staff and graduates held a dance at Alexandra Hall, at which the graduating class was entertained.

Jeffery Hale Hospital, Quebec: The sympathy of the Alumnae is extended to Miss Armour, Lady Superintendent, in the loss of her mother, and to Miss Fischer in the loss of her father.

Miss Fischer has returned from a visit to relatives in England and is again doing private duty.

Miss Simms has left for a two months' visit to England and the Continent.

The 1929 Graduating Class and the Alumnae were entertained at tea by Miss Kinder on April 24th. The Alumnae chose this occasion to present the new graduates with a year's subscription to "The Canadian Nurse."

VICTORIAN ORDER OF NURSES

Appointments

Mrs. Florence Hart, formerly of the Victorian Order in Stratford, Ont., has been appointed public health nurse for the city of Stratford.

Miss Lillian Edmison (Nicholl's Hospital, Peterboro, 1926), who has recently taken a course in Public Health Nursing with the Victorian Order of Nurses, Montreal, has accepted a position with them.

C.A.M.N.S.

Montreal: At the May meeting of the Montreal Association of Overseas Nursing Sisters, it was decided that the Association would entertain the Nursing Sisters of The British Commonwealth attending the I.C.N. Congress, to a motor drive to St. Anne de Bellevue, and a lawn party at the D.S.C.R., on Wednesday, July 10th, 1929, from 3-7 p.m.

An invitation is extended to all ex-service nursing sisters.

Canadian nursing sisters who wish to accept this invitation are asked to notify the undersigned as soon as possible in order that the association may proceed with final arrangements.—(Mrs.) E. E. Petch, Secretary, 396 Olivier Avenue, Westmount, P.Q.

Deep regret is felt in the loss of our comrade Mrs. T. H. Titus, of Mayo, Yukon Territory. Mrs. Titus (Elizabeth McDougal, Medicine Hat General Hospital), was an original member of No. 5, Canadian General Hospital, British Columbia. She saw service in Saloniki with that unit, and was invalided from there to England after contracting malaria.

In 1927, she had regained her health sufficiently to go to France, where she joined No. 3, Canadian Stationary Hospital, at Doullens. Here she was awarded the Royal Red Cross, and afterwards was mentioned in despatches.

At the close of the war, she returned to Canada, and subsequently gave two years service with the D.S.C.R., Edmonton. The call of the frontier appealed to her and in 1921, she took charge of the hospital at Grand Prairie, Peace River, and afterward at Mayo, Y.T. She was married at Mayo, in October, 1925.

Besides her husband, she leaves to mourn her loss, two sisters and one brother, and many members of the C.A.M.C. who counted it a privilege to be called her friends.

Interment was made in the Masonic Cemetery, at Mayo, three returned soldiers and three Masons acting as pall-bearers.

—Edith Franks, Victoria, B.C.

BIRTHS

CALVIN—On April 26th, 1929, at Toronto, to Mr. and Mrs. Calvin (Isabel Moore, Toronto General Hospital, 1925), a daughter.

CANE—On March 26th, 1929, at Arvida, Quebec, to Mr. and Mrs. Murray Cane (M. Feeney, Montreal General Hospital), a son.

CHESLEY—On April 8th, 1929, to Mr. and Mrs. Arthur Chesley (Beatrice Reid, General Public Hospital, St. John, N.B., 1920), a son, John Cooper Chesley.

EASTON—On April 15th, 1929, at Hamilton, Ont., to Mr. and Mrs. Russell Easton (Armeda Champ, Hamilton General Hospital, 1920), a son.

FRIPP—On January 31st, 1929, at Vancouver, B.C., to Mr. and Mrs. James Fripp (Kathleen Thorpe, Vancouver General Hospital, 1923), a son.

GRAY—On May 8th, 1929, at Toronto, to Dr. and Mrs. Harris Gray (Mary Anderson, Toronto General Hospital, 1926), a daughter.

HUTTON—On March 11th, 1929, at Vancouver, B.C., to Mr. and Mrs. Harold Hutton (Caroline Meredith, Vancouver General Hospital, 1918), a son.

O'DOWD—On April 18th, 1929, at Hamilton, Ont., to Mr. and Mrs. T. J. O'Dowd (Myrtle Hammill, Hamilton General Hospital, 1920), a son.

ROSS—On March 10th, 1929, at Vancouver, B.C., to Mr. and Mrs. Sim Ross (Nina Waldron, Vancouver General Hospital, 1925), a son.

SCOTT—On April 19th, 1929, at Grand Falls, Nfld., to Dr. and Mrs. Scott (A. M. McLeod, Montreal General Hospital), a daughter.

SKILLING—On March 26th, 1929, at Vancouver, B.C., to Mr. and Mrs. W. Skilling (Zella Doraty, Vancouver General Hospital, 1923), a daughter.

SPENCE—On April 1st, 1919, at Girvin, Sask., to Mr. and Mrs. John G. Spence (Mary Russell, Hamilton General Hospital, 1924), a son.

WALKER—On February 17th, 1929, at Penticton, B.C., to Dr. and Mrs. Roy Walker (Kathleen Robinson, Vancouver General Hospital, 1925), a son.

WELFORD—On April 22nd, 1929, at Chicago, Ill., to Dr. and Mrs. N. Turner Welford (Marion Hewitt, Winnipeg General Hospital, 1918), a daughter (Margaret Jane).

MARRIAGES

AGNEW—CREELMAN—On May 3rd, 1929, at Vancouver, B.C., Pauline Creelman (Vancouver General Hospital, 1926), to Alexander Agnew, M.D., Vancouver, B.C.

BOYCE—OWEN—On April 10th, 1929, at Calgary, Alta., Olwen L. Owen (Calgary General Hospital, 1923), to Archibald H. Boyce, of Carstairs, Alta.

BRIDGEN—FALKINS — On April 26th, 1929, at Calgary, Alta., Hazel Falkins (Calgary General Hospital, 1924), to Walter Bridgen, of Edmonton, Alta.

BROWN—RILEY—On March 1st, 1929, at Edmonton, Alta., Esther Riley (Winnipeg General Hospital, 1927), to William Brown. At home, Provost, Alta.

CORBETT—EDMONSON—On April 19th, 1929, at Paris, Ont., Gladys Edmonson (Brantford General Hospital, 1924), to Dr. Corbett, of Port Dover, Ont.

HOPPER—McLAURIER—On March 22nd, 1929, Annie McLaurier (Winnipeg General Hospital, 1905), to W. H. Hopper. At home, Vancouver, B.C.

KENDRICK—NEWCOMBE — On April 17th, 1929, Irene Newcombe (Hospital for Sick Children, Toronto, 1928), to Dr. Thomas Douglas Kendrick.

MAXWELL—CAWLEY—On April 27th, 1929, at Vancouver, B.C., Doris Cawley (Vancouver General Hospital, 1925), to Allison Maxwell, Vancouver, B.C.

PEARCEY—STARK—Recently, Eleanor Stark (Toronto General Hospital, 1925) to W. Pearcey.

WILLIAMS—GRANT—On May 2nd, 1929, at New Westminster, B.C., Kathleen Grant (Vancouver General Hospital, 1927), to Murray Williams, Pembroke, Ont.

DEATHS

BROBECK — On April 13th, 1929, at Tacoma, Mrs. C. J. Brobeck (Lewella Stewart, Vancouver General Hospital, 1917).

KELLY—Recently, at Calgary, Alta., Agnes Kelly (Glasgow Royal Infirmary).

MacMARTIN—On April 8th, at Montreal, Lillian MacMartin (Montreal General Hospital, 1900).

TITUS—On April 12th, 1929, at Mayo, Yukon Territory, Mrs. L. H. Titus (Elizabeth McDougal, Medicine Hat General Hospital).

WAINWRIGHT—On May 3rd, 1929, at Montreal, Janet Wainwright (Montreal General Hospital, 1900).

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The American Conference on Hospital Service, with the full approval of the board of trustees and delegates, has made an agreement with the American Hospital Association to maintain and administer the Hospital Library and Service Bureau on and after June 30th, 1929.

To give the American Hospital Association full freedom in the administration of the bureau, Miss Donelda R. Hamlin, Director of the Hospital Library and Service Bureau since its establishment, has presented her resignation, to take effect June 25th, 1929.

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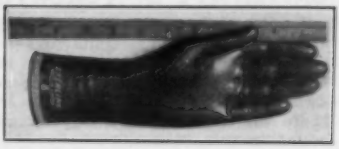

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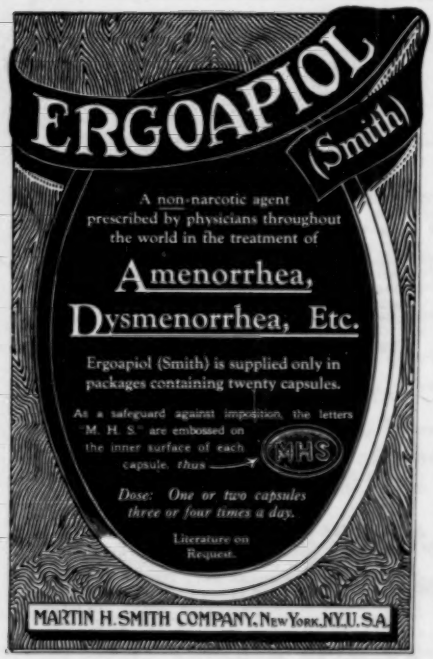
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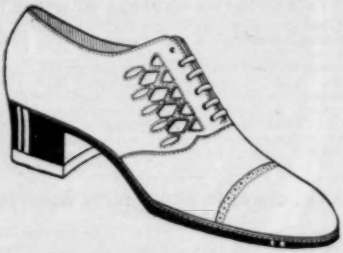

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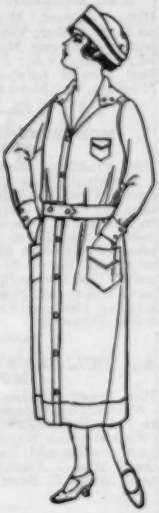

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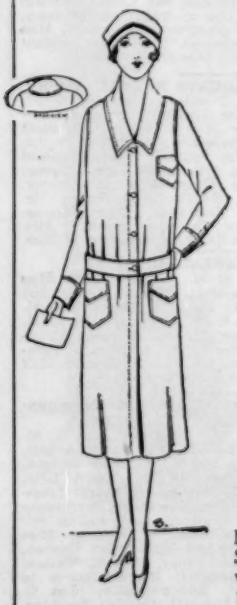

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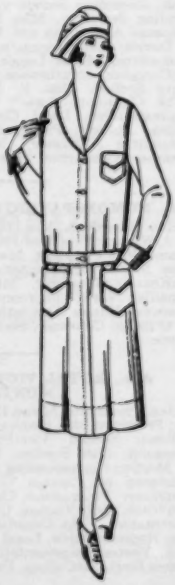

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JULY, 1929

THE COST OF SICKNESS - - - - - - - *Dr. J. L. Biggar* 339

THE LAZARETTO AT TRACADIE, N.B. - - - *A Sister of St. Martha* 348

SMALLPOX - - - - - - - - - - - - - - 351

DEPARTMENT OF NURSING EDUCATION:

METHODS IN TEACHING ETHICS - - - - - *Charlotte Talley* 352

GRADUATION - - - - - - - - - *Dr. Gordon Jackson* 356

DEPARTMENT OF PRIVATE DUTY NURSING:

THE INTERPRETATION OF SOME CLINICAL LABORATORY STUDIES - - - - - - - *Dr. A. G. McGhie* 357

DEPARTMENT OF PUBLIC HEALTH NURSING:

MENTAL HEALTH IN INDUSTRY - - - - - *Muriel MacKay* 361

MENTAL HEALTH IN THE HOSPITAL - - - *Gertrude P. Garvin* 362

MENTAL HEALTH IN THE HOME - - - - - *Isobel MacIntosh* 364

HOME NURSING TRAINING - - - - - *Anne Anderson Perry* 366

CHANGES IN RREPESENTATIVES TO CONGRESS - - - - - - - 368

NEWS NOTES - - - - - - - - - - - - - 369

BOOK REVIEW - - - - - - - - - - - - - 376

OFFICIAL DIRECTORY - - - - - - - - - - - - 379